

**NORTH CAROLINA
INSURANCE UNDERWRITING ASSOCIATION**

COASTAL PROPERTY INSURANCE POOL

**NORTH CAROLINA
JOINT UNDERWRITING ASSOCIATION**

FAIR PLAN

ACH PAYMENT AND DIRECT DEPOSITION AUTHORIZATION AGREEMENT

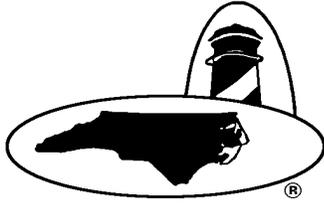
Here's How ACH Payments Work: You authorize charges to your checking or savings account. The charge will appear on your bank statement as an "ACH Debit".

Please check the box for each ACH payment authorized and provide the information requested below:

- I hereby authorize the North Carolina Joint Underwriting Association and the North Carolina Insurance Underwriting Association (hereinafter the Associations) to charge my (our) trust account indicated below for payment of insurance premiums on behalf of mutual customer(s). I (we) understand that I (we) have the ability to add, update or change the bank account information below through the Associations' on-line system. This ACH PAYMENT AND DIRECT DEPOSITION AUTHORIZATION AGREEMENT and my (our) authorization shall remain effective as to the account(s) listed below and as to the account(s) referenced by any additions, updates or changes that I (we) later make.

Account Type:	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Routing Number	_____	
Account Number	_____	

- I hereby authorize the North Carolina Joint Underwriting Association and the North Carolina Insurance Underwriting Association (hereinafter the Associations) to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries posted to my (our) account indicated below at the depository Financial Institution named below. I (we) understand that I (we) have the ability to add, update or change the bank account information below through the Associations' on-line system. This ACH PAYMENT AND DIRECT DEPOSITION AUTHORIZATION AGREEMENT and my (our) authorization shall remain effective as to the account(s) listed below and as to the account(s) referenced by any additions, updates or changes that I (we) later make.



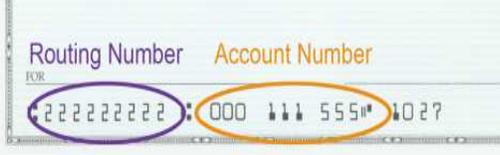
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Name on Acct	_____	
Bank Name	_____	
Routing Number	_____	
Account Number	_____	



This authorization is to remain in full force and effect until the Associations have received written notification from me (or any of us) of its termination in such time and manner as to afford the Associations and Financial Institution a reasonable opportunity to act on it. In the case of an ACH Transaction being rejected for reasons including (but not limited to) Non-Sufficient Funds (NSF), closed bank account, invalid bank account, etc., I understand that the Associations may at its discretion charge an additional \$25 return payment fee for each transaction returned unpaid. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this charge with my bank so long as the transactions correspond to the terms indicated in this authorization form.

NAME: _____

SIGNATURE: _____

DATE _____