



DIRECT DEBIT PAYMENT AUTHORIZATION FORM

J. JARAMILLO INSURANCE gives you the alternative of making your insurance premiums financing payments through a **Direct Debit** service.

This service provides the following benefits:

Saves time and money - avoid mail delays

Provides information of your transaction - the amount, date and description of the transaction will appear on your statement as evidence that the payment was made.

To use this service, please complete the authorization section included at the bottom of this form and send it by:

✉ E-mail: autorizaciones@jjinsurancepr.com

☎ Fax: (787) 728.8543

✉ Regular mail: J. JARAMILLO INSURANCE, P.O. Box 195357, San Juan, PR 00919.

For more information, you may contact us at (787) 728.5555 ext. 3003.

AUTHORIZATION

Name of the Insured: _____ Policy Number: _____
(As shown in the Invoice)

Customer Number: _____ Apt. Number (if it is a Condominium): _____

I (We) authorize J. JARAMILLO INSURANCE, to process a debit to my bank account in the financial institution named below for the payment of my insurance policy:

Financial Institution: _____ Type of Account: Checking Savings

Routing and Transit Number (ABA): _____ Bank Account Number: _____

Amount to be Debited: \$ _____

I understand that J. JARAMILLO INSURANCE, INC., must receive this authorization on or before the policy's effective date to avoid the change of the effective date of the policy to the date in which this authorization was received, as required by Rule XXIX of the Regulations of the Insurance Code of Puerto Rico.

Name of the person authorizing and making the payment:

Name: _____ Signature: _____

Phone Number: _____ Authorization Date: _____

Agency: J. JARAMILLO INSURANCE, INC.

Producer: _____

Contact Person: _____