



One Time Draft

ACH AUTOMATIC BANK DRAFT FORM

Please complete the form and return it with your statement via mail or fax. **PLEASE ATTACH A VOIDED CHECK TO THE FORM.** If you have any questions about ACH, please contact the Billing Department at (225) 389-5822.

Email: billing@lubawc.com

Fax: (225) 216-4201

Mail: 2351 Energy Drive, Suite 2000, Baton Rouge, LA 70808

AUTHORIZATION FOR ELECTRONIC ACH TRANSACTIONS

Policy # _____ Company Name _____

Office phone _____ Other contact phone _____

Contact Person _____

Email (*mandatory*) _____

Bank Name _____

Routing Number

Account Number

AMOUNT AUTHORIZED TO BE DRAFTED ONE TIME:

\$ _____

I agree **LUBA Workers' Comp** may automatically debit my bank account for the one time draft amount authorized above. I understand that this payment may be drafted as soon as the form is received by **LUBA Workers' Comp**. I also, understand in order to cancel this payment after that time I will need to contact my financial institution. I agree that **LUBA Workers' Comp** or my financial institution can cancel this automatic payment for my account for any reason, with or without prior notice to me. I understand that a return fee of \$30.00 will be charged on all returned items. I acknowledge that the origination of this debit to my account must comply with U.S. laws. I agree that this agreement remains in effect until canceled by **LUBA Workers' Comp**, my financial institution, or me. I have a copy of this agreement and I know I can also contact **LUBA Workers' Comp** for a copy. **PLEASE SEND A VOIDED CHECK WITH THIS FORM.**

Signature of Account Holder(s)

(1) Signature

Please Print

Date

(2) Signature

Please Print

Date