



Producer hereby gives AGGRESSIVE INSURANCE the authorization to withdraw, from the account listed below, any premium due the company for policies written by Producer on behalf of "the Company". From the same account the Producer further gives "the Company" the authorization to direct deposit any premium due the Producer for policies written by the Producer on behalf of "the Company". This authority remains in effect until "the Company" has received advance written notice of termination from Producer in time to allow "the Company" a reasonable opportunity to act on it. The company may terminate this agreement at any time.

Please allow for three business days for change to take effect.

**Effective Date:** \_\_\_\_\_ **Producer Code** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Address or Location** \_\_\_\_\_

### **ACH Premium Sweep Authorization**

Name of Financial Institution: \_\_\_\_\_

Name as it appears on Bank Account: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

### **EFT Commission Authorization**

Name of Financial Institution: \_\_\_\_\_

Name as it appears on Bank Account: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

***(Commission Paid Twice Monthly)***

*10<sup>th</sup> (payments & new business 16<sup>th</sup> through the end of the prior month)*

*25<sup>th</sup> (payments & new business 1<sup>st</sup> through the 15<sup>th</sup> of the current month)*

**Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_