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AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

GENERAL INFORMATION

Your Name: _____
 Agency Name: _____
 Mailing Address: _____

 Phone Number: _____
 Fax Number: _____
 E-Mail Address: _____

AGENCY TRUST ACCOUNT

FOR SWEEPING YOUR ACCOUNT:

This agreement authorizes *Multi-State Insurance Services, Inc.* to automatically debit the bank account as designated below. Furthermore, if any such electronic debit(s) should be returned as "non-sufficient funds", I authorize Multi-State Insurance Services, Inc. to collect a returned item fee of \$20 per item by electronic debit from my trust account.

Producer Code(s): _____ Check here for all Producer Codes
 Bank Name: _____
 Account Name: _____
 Branch Location (City, State): _____
 Account Number: _____
 ABA (Routing) Number: _____

*I understand that this authorization will remain in effect until I notify **Multi-State Insurance Services** that I no longer desire this service, allowing reasonable time to act upon my notification. Notification will be given in writing. I also understand that if corrections to the debit amount are necessary, it may involve an adjustment (credit/debit) to my account.*

I understand and authorize the above agreement by my signature below.

Authorized Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK FOR THE ABOVE ACCOUNT HERE