



Authorization Agreement for Electronic Funds Transfer (EFT)

FOR SWEEPING YOUR ACCOUNT:

This agreement authorizes **Bluefire Insurance Services** 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 Bluefire Insurance Services to collect an NSF fee 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 **Bluefire 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

Bluefire Insurance Services License CA #0H45142
Bluefire Insurance Services License CA #0D08447
Bluefire Insurance Services License AZ #1800015946
Bluefire Insurance Services License WA #984486