

Specialty Insurance Agency, LLC

Authorized Agreement for Direct Payments (ACH Debits)

This document is to authorize sweeps of agency's account for payments of premiums. Specialty Insurance does not offer direct deposit of commissions nor do we sweep for return commissions.

Agency Business Name _____ FEIN or Tax ID _____.

I (we) hereby authorize Specialty Insurance Agency, LLC, hereinafter called PROGRAM MANAGER, to initiate debit entries to my (our):

- Checking
- Savings account (select one)

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository Name _____ . Branch _____.

City _____ . State _____.

Routing Number _____ . Account Number _____.

This authorization is to remain in full force and effect until PROGRAM MANAGER has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PROGRAM MANAGER and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Please Print

Signature _____

Date _____

Name _____

Please Print

Signature _____

Date _____

Note: please attach a voided check or deposit slip to this form. In order to process the bank routing number and account number must be provided.

Revised 3/8/2010