



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)

10th (payments & new business 16th through the end of the prior month)

25th (payments & new business 1st through the 15th of the current month)

Agent Signature _____ **Date** _____