AUTHORIZATION AGE	COMMISSIONS*	
	AGENT ID#	
EMAIL ADDRESS		
called COMPANY, to initi necessary, debit entries adjustments for debit or c	Texas Security General Insurance Agency, LLC., te credit entries (pre-authorized deposits) and to init for UNEARNED COMMISSION DUE to COMP edit entries in error to my (our) account indicated be hereinafter called DEPOSITORY, to credit and/or	tiate, wł PANY, a elow at
DEPOSITORY		
NAME		
NAME BRANCH ADDRESS		
BRANCH ADDRESS	STATEZIP	
BRANCH ADDRESS CITY		
BRANCH ADDRESS CITY BANK ROUTING NO	STATEZIP ACCOUNT NO	
BRANCH ADDRESS CITY BANK ROUTING NO	STATEZIP ACCOUNT NO	
BRANCH ADDRESS CITY BANK ROUTING NO ACCOUNT TYPE (select Checking Savings This authority is to remain notification from me (or ei	STATEZIP ACCOUNT NO	 written
BRANCH ADDRESS CITY BANK ROUTING NO ACCOUNT TYPE (select Checking Savings This authority is to remain notification from me (or ei to afford Company and De	STATEZIP ACCOUNT NO one) in full force and effect until COMPANY has received ther of us) of its termination in such time and in such r	 written manner

Agent must participate in TSGA's Agent ACH Sweep program to be eligible for direct deposit of commission.