



Texas Security General

INSURANCE AGENCY, LLC.

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER EFT DEBIT

I hereby authorize Texas Security General Insurance Agency, LLC, hereinafter called COMPANY, to initiate debit entries (pre-authorized drafts or withdrawals) and to initiate, if necessary, credit entries and adjustments for credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY

NAME _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NO. _____ ACCOUNT NO. _____

ACCOUNT TYPE (select one)

- Checking
 Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a minimum of 30 days to act on it.

Name(s) on Policy(print): _____ Policy # _____

Name on Bank Account (print) : _____

Date _____ Authorized Signer: _____

****PLEASE INCLUDE A COPY OF A VOIDED CHECK HERE****

Please note: You will not be receiving a monthly invoice. Your payment will be automatically drafted each month on your premium due date.

Email completed form to Carmenc@txsecgen.com or Fax to 800-714-7110
Attn: Carmen