



# Texas Security General

## INSURANCE AGENCY, LLC.

### EFT CANCELLATION REQUEST FORM

I hereby authorize Texas Security General Insurance Agency, LLC, to cancel the authorization agreement for Electronic Funds Transfer (EFT Debit) for the account listed below:

#### DEPOSITORY

NAME \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

#### ACCOUNT TYPE (select one)

Checking

Savings

This is formal, written notification of my request for cancellation. I understand that Texas Security General Insurance Agency, LLC is afforded a minimum of 30 days to process this cancellation request. I will be notified at the email below once my request has been processed.

Name(s) (print) \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Account or Policy number # \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

Email completed form to [Carmenc@txsecgen.com](mailto:Carmenc@txsecgen.com) or Fax to 1-800-714-7110  
Attn: Carmen

10/11/2017eftcx