18545 Sigma Road, Suite 101 / San Antonio, Texas 78258 / Phone: 800-714-6789 / Fax: 800-714-7110

## <u>AUTHORIZATION AGREEMENT FOR AUTOMATIC PRE-AUTHORIZED DEBITS</u> (ACH DEBITS)

COMPANY NAME		AGENTID#	
EMAIL ADDRESS			
COMPANY, to initiate necessary, credit ent	e debit entries (pre-author ries and adjustments for e depository named below	Il Insurance Agency, LLC, hereinafter carized drafts or withdrawals) and to initial credit entries in error to my (our) accord, hereafter called DEPOSITORY, to compare the control of the	ite, if count
<u>DEPOSITORY</u>			
NAME			
BRANCH ADDRESS			
CITY	STATE	ZIP	
BANK ROUTING NO.	<i>l</i>	ACCOUNT NO	
ACCOUNT TYPE (se	<u>lect one)</u>		
☐ Checking ☐ Savings			
notification from me (	or either of us) of its term	ct until COMPANY has received written ination in such time and in such manne le opportunity to act on it.	
Name(s) (print)			
Date	Signed		

\*\*PLEASE ATTACH A COPY OF A VOIDED CHECK HERE\*\*

Email completed form to <u>Gabriele@TxSecGen.com</u> or Fax to 800-714-7110 Attn: Gabriele