



ACH AUTHORIZATION FORM

Named Agency below hereby authorizes Prospect General Insurance Agency to originate Automated Clearing House (ACH) electronic funds transfer credit entries to Agency's account, as indicated below, for commission payments.

AGENCY INFORMATION

Agency Name:	
Agency Code:	
Contact Name:	
Contact Phone:	
Email for ACH confirmation*:	
Email for commission statement delivery*:	
Agency Address:	Street:
	City:
	State: ZIP Code:
Physical Address if Different from Above:	Street:
	City:
	State: ZIP Code:
Number of Additional Office Locations:	
<i>Please attach a list of all offices with address, phone, fax, license information, and name of contact in each office.</i>	

* Required Information

BANKING INFORMATION

Checking New Setup Change

Bank Name:	
Bank Routing Number:	
Bank Account Number:	

If you change banks or accounts please provide us with 30 days written notice.