



Texas Security General

INSURANCE AGENCY, INC.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PRE-AUTHORIZED DEBITS (ACH DEBITS)

COMPANY NAME _____ AGENT ID# _____

EMAIL ADDRESS _____

I (we) hereby authorize Texas Security General Insurance Agency, Inc., 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/(our) account indicated below at the depository named below, hereafter 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 (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s) (print) _____

Date _____ Signed _____

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

Email completed form to Lydia@TxSecGen.com or Fax to 1-800-714-7110 Attn: Lydia