



# Texas Security General

## INSURANCE AGENCY, INC.

### EFT CANCELLATION REQUEST FORM

I hereby authorize Texas Security General Insurance Agency, Inc., 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, Inc. 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 ID# \_\_\_\_\_

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

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

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