



TSG Premium Finance, LLC.

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

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT AND DEBIT OF AGENT COMMISSIONS*

COMPANY NAME _____ AGENT ID# _____

EMAIL ADDRESS _____

I (we) hereby authorize TSG Premium Finance, LLC., hereinafter called COMPANY, to initiate credit entries (pre-authorized deposits) and to initiate, when necessary, debit entries for UNEARNED COMMISSION DUE to COMPANY, and adjustments for debit or credit entries in error to my (our) account indicated below at the depository named below, hereinafter 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 maximum of 30 days to act on it.

Name(s) (print) _____

Date _____ Signed _____

****PLEASE INCLUDE A COPY OF A VOIDED CHECK****

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

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