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# Texas Security General

## INSURANCE AGENCY, LLC.

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT AND DEBIT OF AGENT COMMISSIONS\*

**This is a one-time request for you to participate:**  **Accept**  **Decline**

COMPANY NAME \_\_\_\_\_ AGENT CODE# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I (we) hereby authorize Texas Security General Insurance Agency, 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.

**ACCOUNT TYPE (select one)**  Checking  Savings

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

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 HERE\*\***

Email completed form to [Gabriele@TxSecGen.com](mailto:Gabriele@TxSecGen.com) or Fax to 210-764-1266 Attn: Gabriele