

New Enrollment **Producer Code:** _____
 Change – Reason for change: _____

Producer Name: _____

Producer Address: _____

E-Mail Address (required): _____

Please Note: This e-mail address will receive payment transaction and password information.

We hereby authorize Anchor General Insurance Agency, Inc., (ANCHOR), to initiate debit entries to our Producer Trust Account indicated below at the depository financial institution (DEPOSITORY) named below and to debit the same to such account. We acknowledge that the origination of ACH transactions to our account must comply with the provision of California law.

Financial Institution (Depository):

Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip Code:** _____

Account Name: _____

Routing Number: _____ **Account Number:** _____

Funds may clear the bank on the same day submitted. Uncollected funds are subject to a \$25.00 NSF charge. This authorization is to remain in full force and effect until ANCHOR has received written notification of its termination in such time and in such manner as to afford ANCHOR and DEPOSITORY a reasonable opportunity to act on it.

Authorized Representative (print): _____

Authorized Signature: _____

Title: _____ **Date:** _____

Contact Information:

Name: _____ **Title:** _____ **Phone #:** _____

This bank account can be used for Online Payments, New Business Down Payments or Both.

You can use your current User ID and Password to access Online Payments. If you do not have a User ID and Password you may designate one below: (Please note, if left blank, ANCHOR will generate User ID/Password).

USER ID: _____ **PASSWORD:** _____
Must be 6 characters, at least one letter *Must be at least 6 characters, at least one number and one letter*

Manager Approval: _____ **Date:** _____

IMPORTANT: PLEASE ATTACH A VOIDED CHECK
Fax to: (858) 790-3355