

New Enrollment Producer Code: _____

Change – Reason for change: _____

Producer Name: _____

Producer Address: _____

Financial Institution:

Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Account Name: _____

Routing Number: _____ Account Number: _____

I/we (PRODUCER) hereby authorize Anchor General Insurance Agency, Inc. (COMPANY) to initiate credit entries to our checking account listed above at the financial institution (DEPOSITORY) listed above. This authorization will remain in effect until the COMPANY has received written notification from the PRODUCER of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Authorized Representative (print): _____

Authorized Signature: _____

Title: _____ Date: _____

Contact Information:

Name: _____ E-Mail Address: _____

Phone Number: _____ Fax Number: _____

IMPORTANT: PLEASE ATTACH A VOIDED CHECK

Fax to: (858) 790-3355

FOR OFFICE USE ONLY:

Input by: _____ *Date:* _____

Manager Approval: _____ *Date:* _____