

325 N. Saint Paul, Suite 900  
Dallas, Texas 75201  
tel 800.749.6419  
fax 254.730.9800

Authorization Agreement for Deposits (ACH Credits/Debits)

**INSTANT COMMISSION**

I (we) hereby authorize National Lloyds Insurance Company/American Summit Insurance Company(NL/AM) to initiate credit/debit entries and to initiate if necessary, debit entries and adjustments for any credit entries made in error to the account indicated below and the depository named below to credit/debit the same to such account.

Bank Name\_\_\_\_\_

Routing Number\_\_\_\_\_

Account Number\_\_\_\_\_

This authority is to remain in full force and effect until NL/AM receives written notification from an authorized agency representative to terminate the agreement.

Agency Name\_\_\_\_\_ Agent Code\_\_\_\_\_

Email Address for Confirmation\_\_\_\_\_

Agency Authorized Representative Signature \_\_\_\_\_ Date\_\_\_\_\_

**Please attach VOIDED CHECK here**