



Agency Name

Agency Code

## ACH Debit Authorization

I (we) hereby authorize Alinsco Insurance Group MGA, Inc., here in after called COMPANY, to initiate debit entries to my (our)  **Checking** /  **Savings Account** (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.

Bank Name:

Bank City:

Bank Zip:

Routing Number:

Account Number:

## Commission Deposit Authorization

Bank Name:

Bank City:

Bank Zip:

Routing Number:

Account Number:

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (us) of its termination, in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Your Name:

Tax ID #

Date:

Signature:

(Must be signed by authorized check signer)

**(Please attach a voided check for both accounts)**