



Box 750997
Petaluma, CA 94975
707.773.3601 Fax 707.773.3964
800.232.3622

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name _____ Agent Code _____

I (we) hereby authorize Unique Insurance Service Inc, dba. Agency Service Bureau, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our): (select one) Checking Account or Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization 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 Financial Institution a reasonable opportunity to act on it (e.g., "In writing by mail to 696 Petaluma Blvd North, Petaluma, CA 94952 that is received at least three (3) days prior to the proposed effective date of the termination of authorization").

Name (s) _____ Agent Code _____
(Please Print)

Date _____ Signature _____

Please e-mail my producer statement to: _____

Direct Deposit will be completed by the 15th of each month unless a holiday/bank closure prevents it.