ACH Electronic Transfer Authorization: Commissions

I (we) hereby authorize United Business Insurance Company to initiate payment credit entries to my (our) checking or savings account indicated below and the depository institution (Bank) named below, to credit the same to such account. Please note: the routing number, check number and account number appear in that order along the bottom of your check.

Bank account information

Name on Account

Type of Account (select one)

◯ Checking ◯ Savings

Bank Name

Bank Routing # (9 digits)

Bank Account #

This authorization is to remain in full force and effect until United Business Insurance Company has received written notification from me (us) of its termination in such time and in such manner as to allow United Business and the bank a reasonable opportunity to act on it.

Agency information

Agency Name

Contact Name

Address

City, State, Zip Code

Phone Number

Fax Number

Agency Contact Email

Commission statement email

You are choosing to have your commissions electronically transferred into your account. Your monthly commission statement will be emailed to an individual in your office. Please indicate the email address below for the individual authorized to receive the statement.

Commission Statement Email (required)

Authorization

Please sign and date this document below.

Name (please print)

Title (please print)

Signature

Date

This form contains bank account details. Please return it by secure email or upload rather than standard email.