



ARROWHEAD Electronic Funds Transfer (EFT)

In order for your agency to be authorized for electronic funds transfer, this form must be completed, signed and faxed to 619.881.8787, Attn: Premium Accounting. Please remember to attach a voided trust check. The bank will verify the account and your agency will be notified of the outcome via E-mail.

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| COMPANY NAME: | Arrowhead General Insurance Agency, Inc. |
| I (we) _____ (hereinafter called PRODUCER) hereby authorize Arrowhead General Insurance Agency, Inc., hereinafter called COMPANY, to initiate debit entries to our Producer Trust Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same account. | |
| BANK ROUTING #: | |
| BANK ACCOUNT #: | |

This authorization will remain in effect until COMPANY has received written notification from PRODUCER of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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|--|----|--|-----------|
| PRODUCER CODE(S): | 1. | 3. | 5. |
| | 2. | 4. | 6. |
| Please verify that the producer codes above apply to the trust account number provided to your agency. | | | |
| <input type="checkbox"/> First time EFT Set-up | | <input type="checkbox"/> Change of existing EFT Set-up | |
| <input type="checkbox"/> Yes, please enable EFT for installments | | <input type="checkbox"/> No, I do not wish to utilize EFT for installments | |
| NAME OF AGENCY: | | | |
| TELEPHONE NUMBER: | | FAX NUMBER: | |
| AGENCY CONTACT: | | | |
| CONTACT E-MAIL: | | | |
| SIGNATURE: | | | DATE: / / |

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| PLACE VOIDED TRUST CHECK HERE |
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ArrowheadGrp.com

ARROWHEAD Premium Accounting | Tel 800.669.1889 x8733

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GROW
with us