



Commission (*Operating Account*)
ELECTRONIC FUNDS TRANSFER (EFT)
AND CHECK AUTHORIZATION AGREEMENT

Aspire Insurance ("Aspire") is hereby authorized to present EFT items on the broker's account indicated below and the depository name below for payment and settlements due to Aspire by the broker's or for payment of settlements due to the broker by Aspire.

This arrangement does not affect broker's primary obligation for payment. This authorization is to remain in effect until Aspire is notified to the contrary in writing.

Bank Name: _____ **Bank Phone:** _____

Bank Address: _____

Name/Title Bank Account: _____

Checking Account #: _____ **Routing #:** _____

Broker Name: _____ **Producer #:** _____

Contact Name: _____

Contact Phone#: _____ **Contact Fax#:** _____

Authorized Signature on Account:

_____ **Date:** _____

ATTACH VOIDED CHECK HERE



Trust (*Sweep*)

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Authorized Signature on Account:

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