

# Agency Electronic Payment Authorization

## 21<sup>st</sup> Century General Agency Inc.

I authorize 21<sup>st</sup> Century General Agency Inc. to initiate deductions from my bank account. I authorize the financial institution listed below on this form to accept the deductions initiated by 21<sup>st</sup> Century. I do certify that I have and will maintain an active checking account at the financial institution listed and that I will maintain sufficient funds to pay all appropriate debit entries. Deductions can only be made in US funds from banks located in the United States. NOTE *there will be a \$40.00 charge for all insufficient debits.*

I provide this authorization subject to the following conditions:

- Deductions may be initiated only after 21<sup>st</sup> Century has been notified that said agent has received funds that are due to the company.
- All deductions for funds due 21<sup>st</sup> Century will be made from the designated bank account listed on this form.
- Said agent shall have the right to change bank accounts at any time. In order for the change request to be processed, a new payment authorization form must be received. 5 business days should be allowed for the change to be processed.
- All deductions will be made 2 business days after 21<sup>st</sup> Century receives notification of receipted funds.
- In event of a company error, 21<sup>st</sup> Century shall refund the erroneous deduction within 2 business days of being notified. The refund shall be made in the manner designated by said agent.

### Financial Institution

Name of Financial Institution	Name of Account Holder	
Street Address of Financial Institution	Branch	
City	State	Zip
Bank Phone Number _____		
Transit/ABA Number _____ <small>(Transit# must be 9 digits, start with 1, 2, or 3 an be all numbers)</small>		Account Number _____ <small>( Must be Checking, not Savings)</small>

### Agency Information

Agency Name	Agent Number	Agency Phone #
Agency Fax #	E Mail Address	
Signed _____		Dated _____