



Authorization Agreement for Commission Payments through ACH (DIRECT DEPOSIT)

Company Information:

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Telephone Number: _____

Fax and E-mail Address: _____

My preferred method of notification is (choose one): fax e-mail

I (we) hereby authorize Atlas General Insurance Services to make ACH transfer payments for commissions to the following account:

Bank Information:

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Bank Routing Number: _____

Type of Account (choose one): Checking Savings

(PLEASE ATTACH A VOIDED CHECK FOR THE SELECTED ACCOUNT OR FINANCIAL INSTITUTION ACCOUNT VERIFICATION LETTER TO THIS FORM)

We will send an initial transfer of \$0.01 to your account to test the information provided. No further transfers will be sent until you confirm to Atlas (Stephanie Zambrana, Controller, stephanie@atlas.us.com or phone 619-768-6569) that you successfully received the test transfer.

Should your banking or contact information change please contact the accounting department immediately.

This authority is to remain in force for authorization of ACH (direct deposit) payment of commissions from Atlas General Insurance Services until written notification is received requesting that the direct deposit method of payment be terminated.

Signature _____ Date _____
(Must be signed by an authorized signing officer of the company)

Name (please print) _____ Title _____

Completed agreement should be mailed to:

Atlas General Insurance Services
ATTN: Accounting Department
8954 Rio San Diego Drive, Ste 600
San Diego, CA 92108