



COMMISSION DIRECT DEPOSIT AUTHORIZATION

BROKER NAME:

BROKER ADDRESS:

TELEPHONE NUMBER:

BANKING INFORMATION FOR AUTHORIZED ACH TRANSACTIONS

BANK NAME

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

Checkin

Savings

I (WE) HEREBY AUTHORIZE Significa Insurance Group, HEREINAFTER CALLED COMPANY, TO INITIATE CREDIT ENTRIES VIA AUTOMATED CLEARING HOUSE (ACH) IN THE AMOUNT OF VARIES TO (OUR) ACCOUNT INDICATED ABOVE AT THE BANK NAMED ABOVE.

THIS AUTHORITY IS TO REMAIN IN FULL EFFECT UNTIL COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY OR BANK A REASONABLE OPPORTUNITY TO ACT ON IT. IT IS UNDERSTOOD THAT I (WE) ARE RESPONSIBLE FOR COMMUNICATING THE AUTHORIZATION FOR THESE TRANSACTIONS TO THE BANK LISTED ABOVE.

Company Name		
Date	Signed	Signed