

EFT Setup

Agent / Agency Name: _____

Commission Reporting Email Address: _____

Address: _____ City: _____ State/Zip: _____

Type of Account: (check one) Checking Account Savings Account

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Account Number:

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Routing Number:

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I (we) hereby authorize ARMS Insurance Group LLC, herein called ARMS, to initiate credit entries to my (our) checking or savings account indicated below at the depository institution named below, herein called DEPOSITORY, and to credit the same to such account. I (we) acknowledge the originator of ACH transactions to my (our) account must comply with the provisions of US law.

This authorization is to remain in full force and effect until ARMS has received written notification from me (or either of us) of its termination in such time and in such manners as to afford ARMS and the Depository a reasonable opportunity to act on it.

The undersigned hereby agree that all entries initiated hereunder are to be governed in all respects by the rules of the National Automated Clearing House Association (NACHA) and agree(s) to be bound hereby.

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Please include a voided check and fax or email this form to:Carol Romito
cromito@armsins.com
412.835.1000 (fax)

ARMS Insurance Group LLC is not responsible for any delayed or incorrect payments that occur as a result of inaccurate payment details or instructions provided by (Agent/Agency).