



SOUTHERN INSURANCE UNDERWRITERS, INC CMGA

**AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)**

SIU Producer Number(s): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Note:** Notification of funding will be emailed to an individual in your office. Please indicate the email address below for the individual authorized to receive the notification:

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby authorize Southern Insurance Underwriters, Inc. ("SIU") to electronically credit my account at the depository financial institution named below ("Bank"). The ACH service is to be performed in accordance with the rules of the National Automated Clearing House Association (NACHA) as such are amended from time to time, and is established solely for my convenience. The account owner hereby releases SIU and its affiliates, agents and representatives from all liability for all acts undertaken by them in good faith and in accordance with the NACHA rules. I agree that ACH transactions I authorize comply with all applicable law.

Depository (Bank) Name: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

ABA/Transit Routing Number: \_\_\_\_\_ (9-digit number)

Account Number: \_\_\_\_\_ (attached voided check)

Account Type (check one):  Checking  Savings

**NOTE:** PLEASE ATTACH A COPY OF **VOIDED CHECK** FOR ACCOUNT AND ROUTING NUMBER VERIFICATION.

I understand that this authorization will remain in full force and effect until SIU has received written notification from me of its termination in such time and in such manner as to afford SIU and the Bank a reasonable opportunity to act on it.

Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_ Authorized Signature\*: \_\_\_\_\_

(\*Must be authorized signer on bank account)

