



**FUNDS TRANSFER AUTHORIZATION AGREEMENT (NON-CONSUMER)  
(For use with uploaded payments)**

This is my authorization for First Insurance Network, Inc. to automatically **DEBIT** the account designated below: **(PLEASE PRINT ALL INFORMATION)**

**IMPORTANT: CHECK TYPE OF ACCOUNT: [ ] CHECKING [ ] SAVINGS**

Agency / Company Name \_\_\_\_\_

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Location (city, state): \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA (Routing) Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

I understand that this authorization will remain in effect until I notify First Insurance Network, Inc. that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections to the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

\_\_\_\_\_  
(Please Print) Principal / President / Agent      (\_\_\_\_\_) Phone      Agency Name

\_\_\_\_\_  
Signature of authorized officer – Principal / President / Agent      Date

**A voided check from your business account must be attached:**

**Place voided check copy here**

Please send to:

First Insurance Network, Inc. Accounts Receivable Department  
P.O. Box 720713, Atlanta, GA 30358  
Phone 770-436-7575, Fax: 770-438-7228



**First Insurance Network, Inc.**

**EFT – Electronic Fund Transfer  
Agency Direct Deposit Monthly Commission Check**

Please fill in your agency name and producer number(s) below. Give us the banking information where you want your Monthly Commission deposited. Additionally, a PDF of your monthly statement will be emailed to the agency e-mail address on file for download into your Agency Management system.

**Please Type or Print all below.**

Agency Name: \_\_\_\_\_ Agency Producer No.: \_\_\_\_\_

List all your additional Producer Numbers (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Accounting Statement E-Mail Address: \_\_\_\_\_

All Underwriting Document E-Mail Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing No.: 

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 (must be exactly 9 digits)

Account No.: \_\_\_\_\_

Account Type: (check one)  Checking  Savings

Bank Contact Person and Telephone Number: \_\_\_\_\_

Authorized Signature on Account: \_\_\_\_\_

Signed and Executed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check of the above account. No Deposit Slips will be accepted.

***COMMISSION DEPOSIT ACCOUNT***

  

**ATTACH VOIDED CHECK HERE**