



Electronic Payment (ACH) Authorization Agreement

I hereby authorize GS National Insurance to deposit any amounts owed me by initiating credit entries to the bank account listed below in the amounts specified. Also, I authorize GS National the right to correct any Electronic Funds Transfer resulting from an erroneous payment by debiting my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in force until GS National receives written notice from me of its termination in such time and in such manner as to afford GS National Insurance a reasonable opportunity to act on it.

*******AGENT/AGENCY INFORMATION*******

Name (please print): _____

Social Security Number: _____ - _____ - _____
OR

Tax ID Number: _____ - _____

*******DEPOSIT INFORMATION*******

Check One: Checking Savings

Requested Start Date for ACH: _____

Check One: New Change Stop

Bank Routing # _____

Bank Account # _____

*****YOU MUST ATTACH A COPY OF A VOIDED CHECK*****

Signature _____

Date _____

