



Independent Insurance Agents and Brokers of Arizona, Inc.
333 East Flower Street – Phoenix, Arizona 85012
(602) 956-1851 Toll: (800) 627-3356 Fax: (602) 468-1392

AUTHORIZATION AGREEMENT FOR AUTOMATIC DUES RENEWAL

I/We hereby authorize InsurBanc to initiate a debit entry to my/our () **Checking** () **Savings account (select one)** at *Depository* named below. To correct a transaction error, InsurBanc is hereby authorized to initiate an adjusting debit or credit entry to my/our depository account. This authorization is to remain in full force and effect until InsurBanc has received written notification from me (or either of us) of its termination no less than (15) days prior to the next transaction date to InsurBanc, 10 Executive Drive, Farmington, CT 06032. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/ABAZ will charge \$25.00 for any Non Sufficient Funds Transaction.

Please deduct: \$ _____

One Time Charge: ☐
Monthly Payment: ☐ due the 1st of every month
Quarterly Payment: ☐ 25% due 11/1/16; 2/1/17; 5/1/17; 8/1/17
Semi-annual Payment: ☐ 50% due 11/1/16; 50% due 5/1/17

Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

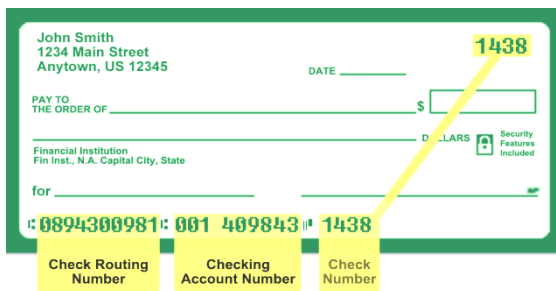
Phone: _____

Name on Account: _____

Bank Routing Number: _____

Account Number: _____

YOU MUST INCLUDE AN IMAGE OF A VOIDED CHECK



Client Authorization (signature) _____

Date _____

Please return this completed form with a copy of your voided check to:

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333 East Flower Street - Phoenix, Arizona 85012 Fax: (602) 468-1392 Email: kathy@iiaabaz.com