



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

Name _____

Business Name _____

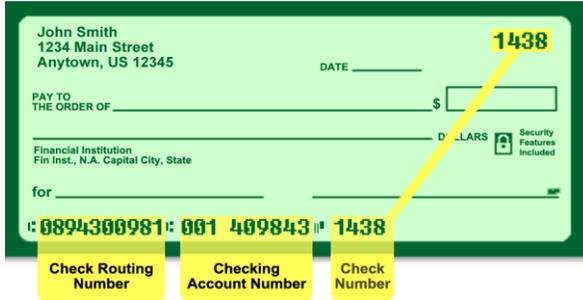
Address _____

City _____ State _____ Zip _____

Phone _____

ACH/Automatic Debit Checking Account Savings Account (Check one)

YOU MUST INCLUDE AN IMAGE OF A VOIDED CHECK



Name of Bank _____

Name on Account _____

Routing Number _____

Account Number _____

Amount \$ _____

I hereby authorize InsurBanc to initiate a debit entry to my personal or commercial account at Depository named above. To correct a transaction error, InsurBanc is hereby authorized to initiate an adjusting debit or credit entry to my depository account.

Authorized Signature _____ Date ____/____/____

I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.



Member FDIC

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

Independent Insurance Agents and Brokers of Arizona, Inc.
 333 East Flower Street - Phoenix, Arizona 85012 Fax: (602) 468-1392 Email: info@iiazab.com