

**ELECTRONIC FUNDS TRANSFER / ACH AUTHORIZATION**

Name of Agency:	
Agency Contact:	Email:
Telephone Number:	Fax Number:
Signature:	Date:
<p>I (we) _____ hereinafter called PRODUCER, hereby authorize CannGen Insurance Services, LLC, hereinafter called COMPANY, to initiate debit entries to our Producer Trust Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, to debit the same account.</p>	
Bank Routing Number:	
Bank Account Number:	

<p>ATTACH COPY OF VOIDED TRUST CHECK HERE</p>
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