



Insured Name: _____

Producer: _____



I authorize CannGen Insurance Services, LLC to initiate debit entries to the Agency Trust account indicated below at the depository named below.

Your payment of \$ _____ will be debited from your Agency Trust account.

- | | |
|---|---|
| <ul style="list-style-type: none">• ACH debits will be processed the same day and debited from your provided account• No filings or proof of insurance can be issued until the ACH transaction is complete (debit processed and deposited into CannGen Insurance Services account) | <ul style="list-style-type: none">• Returned/rejected debits for any reason will result in legal action and will include a \$25 return item fee.• All coverage will be rescinded in full if ACH is returned/rejected |
|---|---|

Banking Institution: _____

Checking Account #: _____ Routing #: _____

Account Name: _____

Business DBA: _____

Authorized Signature: _____ Date: _____

Place Agency Trust Check Here
Check Copy Required