



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.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, **CannGen Insurance Services**, may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in your state.

Checking Account #: _____ Routing #: _____

Account Name: _____

Business DBA: _____

Authorized Signature: _____ Date: _____

Place Agency Trust Check Here
Check Copy Required