

ATLAS GENERAL INSURANCE SERVICES / BILLING MANAGEMENT SERVICES, LLC

Automatic ACH Commission Payments Authorization Form

Name _____

DBA Business Name _____

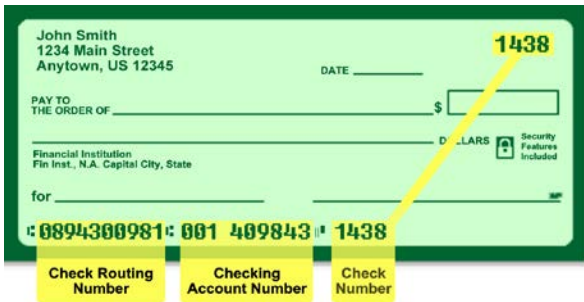
BROKER ID #: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

ACH/Automatic Credit to Checking Account:



Name of Bank _____

Name on Account _____

Routing Number _____

Account Number _____

I hereby authorize Atlas General Insurance Services/Billing Management Services, LLC to initiate a debit or credit entry to my personal or commercial account at Depository named above. To correct a transaction error, Atlas General Insurance Services/Billing Management Services, LLC 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. Processing Bank Member FDIC

Please return completed form via:

U.S. Mail: Atlas General Insurance Services

4365 Executive Drive, Suite 400 San Diego, CA 92121

Email: marketing@atlas.us.com

Fax: (619) 814-8914