# Direct Deposit Authorization Form

| INSURED INFORMATION | |
|---|---|
| Legal Name | |
| Billing Address (Street, City, State, Zip code) | |
| E-mail Address: | Telephone: ( ) |

| REQUEST INFORMATION |
|---|
| **PLEASE INCLUDE A VOIDED CHECK OR SPECIFICATION SHEET.** |
| Type of Request (Check one)<br>☐ Cancellation ☐ Enrollment ☐ Change |

| BANK ACCOUNT INFORMATION | |
|---|---|
| Bank Account Number | Bank Routing Number |
| Bank Account Name | |
| Type of Account (Check one)<br>☐ Business Checking Account ☐ Business Savings Account ☐ Other (personal account, etc) | |
| Bank Name | |
| Bank Address (City, State, Zip code) | |

| AUTHORIZATION | | |
|---|---|---|
| Authorization is hereby granted for Advanced AgProtection to credit said account at the financial institution named above for the purpose of transferring payments. Advanced AgProtection is also granted authorization to correct inadvertent duplicate or incorrect payment information. This authorization is to remain in effect until notification is given to Advanced AgProtection in writing (at least ten (10) days notice) on an Advanced AgProtection Direct Deposit Authorization Form advising of a change, allowing reasonable time to implement such change. | | |
| Authorization Signature | Printed Name | Date |