

EFT Payment Form Electronic Funds Transfer

www.MexicoInsuranceOnline.com

The Premier Source for Mexico Insurance

214 East Birch Avenue, Flagstaff, Arizona 86001 Phone: (844) 273 5227 Fax: (928) 779-7221

FOR YOUR CONVENIENCE:

Affiliate Company Information:

Electronic Fund Transfer makes receiving payments and debits easy! (sweep is for agents only) Simply complete the information below and fax this form with a voided check to (928) 779-7221

(Check One)	L	_ Licensed Insurance		
Company Name/Contact		Affiliate Number		
Street Address		CITY,STATE, ZIF	CITY,STATE, ZIP	
Telephone Number		Email Address	Email Address	
BANK INFORMATI	ION			
Direct Deposit Of Commissions To Your Account		t Sweep Account	Sweep Account	
Checking Savings		Checking	Checking Savings	
Bank Name		Bank Name	Bank Name	
City	State	City	State	
ROUTING NUMBER	ACCOUNT NUMBER	ROUTING NUMBER	ACCOUNT NUMBER	
authorize International Insuran o or debit (agent accounts on ees, and if necessary, credit entries made in error. This auth	ce Group Inc.'s (IIG) Accordly) from the designated based or debit the affiliate account or ty remains in full force to	ounting Department to electron nk account(s) referenced above nt indicated above to make co until IIG's Accounting Departn	he affiliate named company, hereby ically initiate deposit payments (credits) e, for policy payments, commissions or rrections for entries and adjustments of nent receives written notification bry a reasonable opportunity to act upon	
Name:	Please Print	Title:		
Signature:		Date:		