

Agency Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Agent Code: _____

I authorize Breckenridge General Agency to deduct funds from my account at the Financial Institute [Bank] listed below:

Financial Institution: _____

I authorize Breckenridge General Agency to sweep funds from:

Routing # _____ Account #: _____

I authorize Breckenridge General Agency to deposit agency commissions to:

Routing # _____ Account #: _____

This authority is to remain in effect until Breckenridge General Agency has received written notification from me (or either of us) of its termination in such time and manner as to afford Breckenridge General Agency and the depository reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____

Print Name: _____

Office Use Only

Producer Code _____ Appt Date _____

Producer Agreement Received Yes No