



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF AGENT COMMISSIONS

COMPANY NAME _____ AGENT CODE# _____

EMAIL ADDRESS _____

I (we) hereby authorize TSG Premium Finance, LLC, hereinafter called COMPANY, to initiate credit entries (pre-authorized deposits) and adjustments for credit entries in error to my (our) account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

ACCOUNT TYPE (select one) ☐ Checking ☐ Savings

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a maximum of 30 days to act on it.

Name(s) (print) _____

Date _____ Signed _____

****PLEASE INCLUDE A COPY OF A VOIDED CHECK HERE****

Email completed form to Veronica@TSGFinance.com or Fax to (210) 764-1266

www.tsgfinance.com