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**Insurance Premium Financing**

P.O. Box 105611 Atlanta, GA 30348  
(800) 925-2546/ (678) 498-4700 Fax: (678) 498-4747  
Web Site: www.siuprem.com

**Agent Electronic Funds Transfer Approval Form**

Producer #: \_\_\_\_\_ Producer Name: \_\_\_\_\_

Attn: \_\_\_\_\_ at Siuprem

*(Attach Check Here)*

**I hereby authorize Siuprem to draft account # \_\_\_\_\_ as requested by submitted Agent Electronic Funds Transfer Report.**

- 1) I understand that my agency will be held responsible for collecting & depositing funds.
- 2) I understand if I choose to accept checks as opposed to money orders I will incur any losses due to insufficient funds.

\_\_\_\_\_  
Principle Signature Date

(Authorizing Signature **MUST MATCH** with signature on the above check)

\*\*\*\*\*Please do not mail voided check to Siuprem\*\*\*\*\*