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Insurance Premium Financing

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Web Site: www.siuprem.com

Agent Electronic Funds Transfer Approval Form

Producer #: _____ **Producer Name:** _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

I hereby authorize Siuprem to draft the referenced 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