



### ACH CREDIT AUTHORIZATION AGREEMENT

Payee name must match agency name

**PAYEE INFORMATION** - Payee information below is necessary to email commission statements

FEIN/SSN that the IRS uses for your business.

Payee Name	John Swyfft Agency	Taxpayer ID #	99-99999
Mailing Address	123 Insurance Drive, Morristown, NY		
Email Address for Receiving Commission Statements	Accounting@johnswyfft.com		
Email Address for Remittance Advice (if different from contact email address above)			
Primary Contact	Mrs. Blue	Phone Number	999-999-9999
Title	Accounting Manager	Fax Number	
Secondary Contact	Mr. Orange	Phone Number	999-999-9999
Title	Accounting Supervisor	Fax Number	

This email address will also receive a copy of the commission statement.

Usually the Agency Owner/Principal or someone else like an Accounting Manager

The payee described above hereby authorizes Swyfft to initiate automated clearing house (ACH) credit entries the financial institution on behalf of Commissions issued by Swyfft to Payee. This authorization will remain in full force and effect until Swyfft receives written notification of termination and has a reasonable period of time (not less than 10 business days) to act upon such notice.

Authorized Signature	<i>John B Swyfft</i>		
Name and Title	John B Swyfft (President, John Swyfft Agency)		
Bank Name	Chase	City/State	Morristown/NJ
Transit/Routing Number	021021021	Bank Account Number	99999999
Depository Account Title	John Swyfft Agency Checking		
	Checking <input checked="" type="checkbox"/>	Savings	<input type="checkbox"/>

This is simply the account's name we're sending the ACH payment to. This helps us ensure we have the correct account so name accuracy is important.

[SwyfftProducerCode]  
[SwyfftProducerLocationCode]

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