



Insurance Centers of America, Inc/ICA Agency Alliance, Inc
(ISM ACH Debit/Credit Agreement)

Agency Name: _____, Hereinafter called AGENCY

I(we) Hereby authorize Insurance Centers of America, Inc/ICA Agency Alliance, Inc and/or SIAA Insurance Agency, hereinafter called COMPANY, to initiate debit/credit entries to my(our) AGENCY account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit/credit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) AGENCY account must comply with the provisions of U.S. Law.

Debits/Credits are for commissions payable to AGENCY or commissions owed to COMPANY on behalf of Insurance Carriers that are placed through COMPANY for all ACCESS PLUS commissions.

This is your agency operating account.

This authorization 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 reasonable opportunity to act on it.

Please be advised that you will be charged a \$25 NSF fee for any returned ACH

Depository Name _____ Bank Branch _____

Account Name _____

City _____ State _____

Routing Number _____ Account Number _____

Account Type: ☐ Checking ☐ Savings

Authorized Account Holder (Print) _____

Signature _____ Date _____