ICA Agency Alliance, Inc
(ISM ACH Access Plus Trust Debit Agreement)

Agency Name:_____, Hereinafter called AGENCY

I(we) Hereby authorize ICA Agency Alliance, Inc and/or SIAA Insurance Agency, hereinafter called COMPANY, to initiate debit entries to my(our) AGENCY account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit 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 are for any monies owed to contracted Insurance companies of COMPANY on behalf of insurance customers of AGENCY that are placed through COMPANY for all ACCESS PLUS business to be processed by COMPANY and all accompanied transactions including but not limited to policy down payments, insurance customer installment payments. **This is for your agency sweep (Trust) 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_____