BORJAS-INSURANCE

**Authorization for Automatic Cash Withdrawal**

 I, hereby authorize BORJAS Insurance Services, a

(your name)

California Corporation, to withdraw any amounts owed (Insurance App and Insurance Pay for example)

 by by initiating debit entries to my account

(full, legal business name, not DBA)

at the financial institution indicated below.

I further authorize the financial institution named below to accept such automatic deposits to or
withdrawals from my account by BORJAS Insurance Services and to automatically credit or debit, as the case
may be, such amounts.

|  |  |  |
| --- | --- | --- |
| Financial Institution  | Branch  |  |
| Address  |  |  |
| City  | State  | Zip  |
| Routing Number  | Account Number  |  |

I understand that I may cancel this authorization at any time. To cancel, I must send notice to BORJAS
Insurance Services by certified mail. My cancellation will become effective when BORJAS Insurance
Services receives my written notice of cancellation and has had a reasonable period of time to process it.

By signing this form I am certifying the above information is correct and I am authorized by our
organization and financial institution to sign this form.

BORJAS Producer Code

 **Please** Sign r+

Signature

Title

Date

(Principal or Corporate Officer)

**Important**

**Please attach a voided trust account check to this form. This authorization *cannot* be processed
without the voided check and signature of Principal or Corporate Officer.**

**New EFT Authorization 1O.01.2009.doc *10112/2009***