

ACH Registration Form

Please complete and e-mail to agencyresources@HPmanaging.com.

Agency Name: HP Producer Code:

Agency Address:

City: Zip: County:

Telephone: Fax:

Contact Person(s):

ACH Authorization

I authorize HP Managing to initiate electronic credit entries to my checking/savings account as indicated below, and I authorize the following named financial institution (Bank):

to credit these entries to my account. This authority shall remain in effect until the Bank has received notification from me of its termination in such time and in such manner as to afford the Bank a reasonable opportunity to act on it or until the Bank has provided ten (10) days written notice of the Bank's termination. If I choose to terminate this authorization to credit my account, I will notify the Bank in accordance with my agreement with the Bank.

Bank Information

Please note, a copy of voided check or bank letter confirming the ABA routing and account number must be submitted along with this form.

Bank routing Number ^{For Credits:} Bank Account Number

or ABA Number

Account Holder Signature(s):

Print Name: