

Please type your information directly into the form. You may tab or click to next field.

You will be required to save this document once you insert your digital signature.

Once you have saved the file - click on the **SUBMIT** button.

All fields highlighted in **RED** are required fields.

[Click here to Submit or email agentsetups@ngic.com](mailto:agentsetups@ngic.com)

Any changes made to the accounts mentioned below will require completion of new forms

Premium Draft/Adjustments Credit

I authorize the Company to draft premiums from the accounts with the banking information shown below, in the amount indicated by the payment and/or new business received by the Company from the producer. Additionally, I understand reimbursement for fees or uncollected premiums will be credited to this account. Any disputes regarding the amount drafted from or credited to the producer’s account shall be resolved as soon as practical. The producer is also granted limited authority to endorse “For Deposit Only” checks made payable to companies in the National General Insurance Group which will be drafted from the producer’s account.

Agency/Broker Code
Business Name
Principal/Officer
Phone Number
Fax Number
Effective date for ACH
Bank Name
City/State
Routing transit number (9 digits)
Account Number

Deposit of Commissions

I authorize the Company to automatically credit producer’s account with any commissions due producer from Company.

Effective Date for ACH
Bank Name
City/State
Routing transit number (9 digits)
Account Number

The above authorization is nonnegotiable and nontransferable.

I understand the Authorization for Automatic Drafts by Company shall remain in full force and effect unless and until such time as producer has given the Company ten days prior written notice of the intent to terminate the Authorization and provided all outstanding obligations of producer to Company have been satisfied.

Authorized Producer Signature	Date