



**AUTHORIZATION AGREEMENT FOR ORIGINATION OF ACH ENTRIES  
FOR DIRECT DEPOSIT**

I, hereinafter called RECEIVER, hereby authorizes **National Insurance Markets, Inc.** to initiate ACH credit entries to the account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account.

I acknowledge that the origination of ACH transactions must comply with the provisions of US law.

\_\_\_\_\_  
Financial Institution name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Bank ABA or routing number

\_\_\_\_\_  
Account Number

account type: \_\_checking\_\_ savings

Update to existing banking information.

This authority is to remain in full force and effect until **National Insurance Markets, Inc.** has received written notification from RECEIVER of its termination in such time and manner as to afford **National Insurance Markets, Inc.** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Agent/Agency name

\_\_\_\_\_  
Authorized signature for Agent/Agency

\_\_\_\_\_  
Print Agent Number

\_\_\_\_\_  
Date

**COPY OF A VOIDED CHECK MUST ACCOMPANY THIS FORM**

**National Insurance Markets, Inc**

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1.800.235.2013 [fax] 412.782.2868  
or email to: [bgaus@nimbroker.com](mailto:bgaus@nimbroker.com)**