

Company Name: _____

Contact Name: _____

Title: _____ Email: _____

Phone Number: _____ Fax: _____

Client Remittance

For remitting premiums from Qualified Beneficiary and Direct Bill back to client.

Bank Account Information

Select your account: ☐ Checking ☐ Savings

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

Transit/ABA Routing Number: _____

Account Number: _____

(A voided check or account verification letter from the financial institution must be attached for this account.)

Authorization Signature

By signing, I represent to Surency that I am an authorized representative for the company named above ("Company"). Acting as the Company's Receiver, I authorize Surency to initiate debit entries, credit entries, and adjustments to any credit entries made in error to the bank account stated above in accordance with the National Automated Clearing House Association ("NACHA") Operating Rules. In addition, this authorization will be deemed to constitute a Standing Authorization under NACHA Operating Rules. This authorization will be deemed effective on the date Surency receives this form and continue until an authorized representative of the Company notifies Surency of its intent to terminate this authorization.

Signature: _____

Date: _____

**Return completed form back to Surency at email: cobra@surency.com - fax: 316-272-4842
or mail: P.O. Box 789706, Wichita, KS 67278-9706
866-818-8805 • Surency.com**