



**Abram Interstate Insurance Services, Inc.**  
2211 Plaza Drive, Suite 100, Rocklin, CA 95765  
Phone **(916) 780-7000** or **(800) 955-4465**  
Fax **(916) 780-7181** www.AbramInterstate.com  
License # 0D08440

### **Agency Authorization Agreement**

*Please fax completed form and a copy of your voided **agency trust check** to 916.780.7181.*

Producer Code: \_\_\_\_\_

Customer Name: \_\_\_\_\_

#### **AGENCY INFORMATION:**

Agency Name:	Office #
Address:	Contact #
City:	Fax #
State:                      Zip:	Email:

#### **BANK INFO:**

Financial Institution:
Bank Routing #
Bank Account #
I, the undersigned, hereby authorize Abram Interstate Insurance Services, Inc. to draft from Producer's named depository variable amounts indicated by the payment and new business transmittal received by the Company from the Producer via the producer upload system. Any disputes regarding the amount drafted from the Producer's account shall be resolved as soon as practical. This agreement shall remain in full force and effect until such time as either the Producer or Company gives written notice of the intent to terminate. Termination of this agreement does not release any outstanding obligations of the Producer to the Company.
Authorized Signature: _____
Printed Name: _____
Date Signed: _____

For questions, please call our Accounting Department at 916.780.7000.  
Attach Voided Check here before faxing document