



Abram Interstate Insurance Services, Inc., CMGA
 2211 Plaza Drive, Suite 100, Rocklin, CA 95765
 Phone: (916)780-7000 Fax: (916)780-7181
 www.abraminterstate.com Lic #0D08440



AGENCY INFORMATION:

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

Trust Account (Premium Sweep) BANK INFO:

Financial Institution: _____
 Bank Routing # _____
 Bank Account # _____

Operating Account (Commission) BANK INFO:

Financial Institution: _____
 Bank Routing # _____
 Bank Account # _____

I, the undersigned, hereby authorize Abram Interstate Insurance Services, Inc. to deposit to and draft from Producer's named depository(s) variable amounts indicated by the payment and new business transmittal received by Producer from the Company with the quote, as well as the commission amounts indicated on my commission statements. Any disputes regarding the amount drafted from the Producer's account shall be resolved as soon as practical. A \$25.00 fee will be charged for all NSF transactions. 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: _____

**** ALL PAYMENTS & COMMISSIONS WILL BE WITHDRAWN AND/OR DEPOSITED FROM YOUR BANK ACCOUNT VIA ELECTRONIC FUNDS TRANSFER ****

For questions, please call our Accounting Department at 916.780.7000.

Attach copies of VOIDED Trust and Operating Checks