



Electronic Funds Transfer (EFT)

In order for your agency to be authorized for electronic funds transfer, this form must be completed, signed and faxed to 760.710.6988 or emailed to AcctCustServ@ArrowheadGrp.com, Attn: Premium Accounting. Please remember to attach a voided trust check. The bank will verify the account and your agency will be notified of the outcome via email.

AGENCY INFORMATION			
Name of Agency:			
Telephone Number:		Fax Number:	
Agency Contact:		Email:	
Signature:		Date:	
I (we) _____ hereinafter called PRODUCER, hereby authorize ARROWHEAD General Insurance Agency, Inc., hereinafter called COMPANY, to initiate debit entries to our Producer Trust Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same account.			
Bank Routing Number:			
Bank Account Number:			
PLEASE INDICATE THE REASON TO CHANGE AN EXISTING ACCOUNT			
Change to existing EFT setup Producer <i>MUST</i> indicate reason for change to existing account. Please select one of the following reasons:		First time EFT setup	
Agency Name/Tax ID Change	Acquisition/Merge	New Bank or Account Number	Other:
This authorization will remain in effect until COMPANY has received written notification from PRODUCER of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.			
PRODUCER CODE(S):	1.	3.	5.
	2.	4.	6.
	Please verify that the producer codes above apply to the trust account number provided to your agency.		

ATTACH COPY OF VOIDED CHECK HERE