## **AGENT INFORMATION**

Tax ID#		_	<u>or</u>	Social Security#	
Are you incorporated?	Yes	No			
GA Agent License#				Expiration Date	
GA Agency License#				Expiration Date	
Agent/Agency Information This information will be used fo This information should be used			ons or co	correspondence to GUA	
Type of Office	Primary	Branch			
Agent/Agency Name					
Doing Business As					
Address					
City, State, Zip					
Agency Phone #					
Agency Fax #					
Additional Information					
Agency Contact Person					
Direct Phone #					
E-mail Address					
We are now emailing Dec page Please provide primary email a				e related information concerning policy holders. ent by GUA.	
E-mail address					
If this is a branch office (or using	same FEIN/SS# as a	nother of	fice) you	ı must provide the legal tax name and address of the p	rimary office.
Tay Nama					
Tax Name ———— Tax Address ————					
City, State, Zip					_
Form Completed By (pr	int)			Signature D	ate

## ACH DIRECT DEPOSIT OF COMMISSION PAYMENT AUTHORIZATION AGREEMENT

I hereby authorize Georgia Underwriting Association, hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking <u>or</u> Savings (<u>circle one</u>) account indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME	CITY	STATE	
TRANSIT/ROUTING NUMBER	ACCOUNT NUMBER		
Name as appears on Account			
is authority is to remain in full force and effect of its termination in such time and in such r			
		a reasonable opportunity	
act on it.		a consolution oppositions	
NAME (PRINT PLEASE)		areasonable oppositions,	
		PHONE NUMBER	

PLEASE PROVIDE EMAIL ADDRESS FOR COMMISSION STATEMENTS ONLY