

AGENT INFORMATION

Tax ID# _____ or 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 for policies issued by GUA

This information should be used when submitting applications or 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 pages, receipts, and any other insurance related information concerning policy holders.
Please provide primary email address to receive all information sent by GUA.

E-mail address _____

If this is a branch office (or using same FEIN/SS# as another office) you must provide the legal tax name and address of the primary office.

Tax Name _____

Tax Address _____

City, State, Zip _____

Form Completed By (print) _____

Signature _____

Date _____

Return Completed Form to:
Georgia Underwriting Association
3355 Annandale Lane Suite 3 Suwanee, GA 30024
Fax 770-717-8620
Include a copy of your Agent License for the State of Georgia

**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 or Savings (circle one) 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

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME (PRINT PLEASE)

AGENCY/AGENT ADDRESS

PHONE NUMBER

SIGNATURE

DATE

PLEASE PROVIDE EMAIL ADDRESS FOR COMMISSION STATEMENTS ONLY