



Independent Insurance Agents and Brokers of Arizona, Inc.  
 333 East Flower Street – Phoenix, Arizona 85012  
 (602) 956-1851 Toll: (800) 627-3356 Fax: (602) 468-1392

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DUES RENEWAL

I/We hereby authorize InsurBanc to initiate a debit entry to my/our ( ) Checking ( ) Savings account (select one) at Depository named below. To correct a transaction error, InsurBanc is hereby authorized to initiate an adjusting debit or credit entry to my/our depository account. This authorization is to remain in full force and effect until InsurBanc has received written notification from me (or either of us) of its termination no less than (15 ) days prior to the next transaction date to InsurBanc, 10 Executive Drive, Farmington, CT 06032. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/ABAZ will charge \$25.00 for any Non Sufficient Funds Transaction.

Please deduct: \$ \_\_\_\_\_

One Time Charge:   
 Monthly Payment:  due the 1<sup>st</sup> of every month  
 Quarterly Payment:  25% due 11/1/19; 2/1/20; 5/1/20; 8/1/20  
 Semi-annual Payment:  50% due 11/1/19; 50% due 5/1/20

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

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

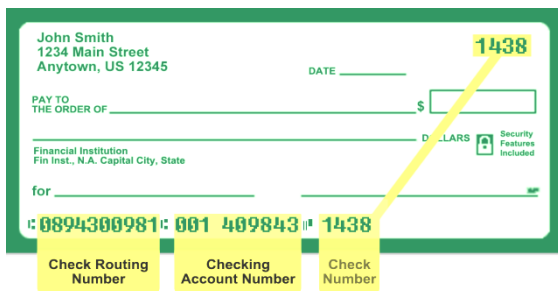
Phone: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**\*YOU MUST INCLUDE AN IMAGE OF A VOIDED CHECK\***



Client Authorization (signature) \_\_\_\_\_

Date \_\_\_\_\_

Please return this completed form with a copy of your voided check to:

Independent Insurance Agents and Brokers of Arizona, Inc.  
 333 East Flower Street - Phoenix, Arizona 85012 Fax: (602) 468-1392 Email: kathy@iibaz.com