

**True Premium Registration Form****Agency information:**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact person(s) \_\_\_\_\_

**Provide Insurance and Finance Company Information (Check all that you work with)**

<input checked="" type="checkbox"/> <b><u>Insurance Company</u></b>	<b><u>Code</u></b>	<input checked="" type="checkbox"/> <b><u>Finance Company</u></b>	<b><u>Code</u></b>	<input checked="" type="checkbox"/> <b><u>Finance Company</u></b>	<b><u>Code</u></b>
<i>ABCO Underwriters</i>		<i>ABCO</i>		<i>Pro Premium</i>	
<i>American Vehicle</i>		<i>Appco</i>		<i>Security</i>	
<i>Apollo Casualty</i>		<i>Centrex</i>		<i>Standard</i>	
<i>Ascendant Insurance</i>		<i>DAB Premium</i>		<i>Statewide</i> <small>(RAC Partners)</small>	
<i>Federated National</i>		<i>Del Rio</i>			
<i>GM Underwriters</i>		<i>Elite</i>			
<i>Lane</i>		<i>ETI</i>			
<i>National Group</i>		<i>Federated</i>			
<i>Ocean Harbor</i>		<i>Finco</i>			
<i>Seminole Casualty</i>		<i>MAG</i>			
<i>s Standard Lines Brkg</i>		<i>National Premium</i>			
<i>Kingsway Amigo</i>		<i>Old Colony</i>			

Automatic Debit Authorization Form

I authorize the above selected Insurance Companies, Finance Companies and their affiliates, and their successors and assigns and Unisoft Communications (*MVR's*) to initiate electronic debit entries to my checking or savings account as indicated below and I authorize the financial institution **(Bank)** named below to debit these entries from my account. This authority shall remain in effect until Insurance Company and Finance Company and Bank have received notification from me of its termination in such time and in such manner as to afford Insurance Company and Finance Company and Bank reasonable opportunity to act on it, or until premium has been paid in full, or until Insurance Company and Finance Company or Bank have sent to me ten (10) day's written notice of Insurance Company and Finance Company or Bank termination. If I choose to terminate this authorization to debit my account, I will notify Bank in accordance with my agreement with Bank. I understand that Insurance Company and Finance Company will notify me of all debits to my account.

## Bank Information

*For Debits*

Bank Routing Number or ABA Number

Bank Account Number

*For Credits*

Bank Routing Number or ABA Number

Bank Account Number

Account Holder Signature(s)

Print Name

**A (VOID) copy of a “check” (not a deposit slip) must be submitted with this registration.**