

Commissions via ACH

HOW TO REACH US:

Our website address:

www.ascendantgroup.com

or email us at:

marketing@ascendantgroup.com;
Or info@ascendantgroup.com

Customer Service:

Monday – Friday
8:30 a.m. – 5:00 p.m.
305-820-4360 Main
305-820-7188 Fax

Q. How do I log into the Agent Portal?

A. Go to www.ascendantgroup.com, click on “Agent Portal”, enter your email address and your password, then click “Sign In”.

If you have any trouble with your password or email, contact a Customer Service Representative who will walk you through the process.



Ascendant can now credit your commission directly to your financial institution!

By April 15th, Ascendant Underwriters will be able to credit your checking or savings account and direct deposit your commission due directly to your bank.

Your commission statement will continue to appear in the Agent Portal for you to view and print. Additionally, an email reminder will be sent to alert you when funds have been transferred to your financial institution.

Enclosed is an ACH Authorization Form that you will need to fill out and return to our office by email to:



marketing@ascendantgroup.com, or mail to our office at:

Ascendant Underwriters
P. O. Box 260490, Miami, Florida 33126 Attn:
Accounting Department.
We invite you to enroll in this exciting, secure and time saving method of receiving your commissions!

If you have any questions regarding this process, feel free to contact our Customer Service Department at 305-820-4360, or contact your marketing representative directly.

Coming Soon!

Along with this enhancement, we are working on other ways to improve your experience with us.

Just some of the things we are working on:

- New and improved Company website with enhanced look and functionality.
- Insured Log-In Website to view policy information and make payments.
- Electronic binding on-line.

We will keep you informed of new enhancements as they happen.



ACH Authorization Form

I (we) hereby authorize Ascendant Underwriters, LLC (THE COMPANY) to initiate credit entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary initiate debit adjustments for any transactions credited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Title)

(Beneficiary Account Name)

(Agency Name/Code)

(Beneficiary Account Address)

Contact Telephone Number _____ E-mail Address _____

(Select One) _____ Checking Account or _____ Savings Account

Financial Institution Routing/ABA Number: _____

Checking/Savings Account Number: _____

**Please return this form to
Ascendant Accounts Payable
P.O. Box 260490
Miami, FL 33126**