



True Premium Registration Form Ascendant Commercial Insurance

FILL ONLINE, PRINT, SIGN & FAX TO (305)274-1004 * Ascendant Commercial Insurance producer code: _____

Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact person(s) _____

Provide Finance Company Information (check all that you represent)

<input checked="" type="checkbox"/> <u>Company</u>	<u>Code</u>	<input checked="" type="checkbox"/> <u>Company</u>	<u>Code</u>	<input checked="" type="checkbox"/> <u>Company</u>	<u>Code</u>	<input checked="" type="checkbox"/> <u>Company</u>	<u>Code</u>
ABC0		Appco		Del Rio		Elite	
ETI		Federated		Finco		MCL	
Pro Premium		Security		Standard			

Automatic Debit Authorization

I authorize Unisoft Communications on behalf of Ascendant Commercial Insurance, to initiate electronic debit entries to my checking/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 the Bank has received notification from me of its termination in such time and in such manner as to afford the Bank reasonable opportunity to act on it, or until the Bank has provided ten (10) day's written notice of the Bank's termination. If I choose to terminate this authorization to debit my account, I will notify the Bank in accordance with my agreement with the Bank. I understand that Unisoft Communications will notify me of all debits to my account.

Bank Information

COPY OF VOIDED CHECK MUST BE SUBMITTED ALONG WITH THIS FORM

Bank Routing Number or ABA Number

Bank Account Number

Bank Routing Number or ABA Number

Bank Account Number

Account Holder Signature(s)

Print Name