



Agent Authorization Agreement for Automatic Deposits - EFT Credits

Producer Name: _____

**Producer FEIN/SSN: _____

*Producer E-mail Address: _____

*(For notification of funds availability)

** Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: _____ Date: _____

I (we) hereby authorize General Agent Center, through Home National Bank, Scottsdale, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) Checking or savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the sale to such account.

Names on Account
(Please Print) _____

Signing Authority
(Please Print) _____

Bank/Credit Union Information: *(Please attach a voided check or Authorized Bank Document)*

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Authorized Account Signature: _____