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MGA Insurance Company, Inc.

ARE YOU DRIVEN?*

AGENT APPLICATION ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

NEW CHANGE CANCEL

EFFECTIVE DATE: _____

Section 1: Agent Information

Name of Agency: _____

Name of Licensed Agent: _____ Agent Code: _____

Mailing Address: _____
City State Zip

Phone: _____ Fax: _____

Section 2: Account Information (completion of this section is required)

Financial Institution: _____

Account Type: *Checking Account Only**

Routing Number (9 digits): _____ Account Number: _____

I authorize MGA Insurance Company, Inc. to debit the bank account identified above for any amounts due to the Company and payable according to my Agency Agreement. This includes debiting the bank account identified above for any and all licensing expenses not covered by the Company.

- I understand that the amount and frequency of these debits will vary according to the terms of my Agency Agreement with the Company and that the terms of my Agency Agreement related to my obligations to make these payments are fully incorporated into, and a part of, this EFT authorization.
- I understand that I may cancel this authorization at any time. To cancel, I must give notice to the Company, in writing. My cancellation will become effective when the Company receives my written notice of cancellation and has a reasonable period of time upon which to process the change.
- I understand that a new authorization form must be completed in order to designate a change in bank account.
- I have provided the Company with the routing and account numbers listed above in order for the Company to electronically debit amounts due to the Company from the account I have specified. I agree that I will be solely responsible for any loss incurred because the Company debited an amount due to the Company from the account which I have specified, and I agree to hold the Company harmless from any such loss.

Section 3: EFT Authorization

I hereby authorize MGA Insurance Company, Inc., for the initiation of a withdrawal from my account and the financial institution named above to debit such account as requested.

Signature: _____ Date: _____

Print Name: _____

PLEASE FAX COMPLETED FORM TO THE ACCOUNTING DEPARTMENT AT 972.629.4346

Routing and Account Number Example

SAMPLE CHECK

DATE _____

PAY TO THE ORDER OF _____ \$

DOLLARS

MEMO _____

⑆123456789⑆ : 0123456789⑆

Routing Number Account Number