



ACH Authorization Form

Add Delete Change

Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

NPN: _____

Funds Settlement Information

Checking Savings

Bank Name: _____

Account Owner: _____

Account Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits) _____

Account# _____

_____ (hereinafter referred to as Agent) authorizes CareFree Insurance Services, Inc. to initiate ACH transfer entries and to credit the account identified herein for business relating to contracts with CareFree Insurance Services. This authorization shall remain in effect unless and until CareFree Insurance Services, Inc. has recieved written notification from the Agent that this authorization has been terminated in such time and manner to allow CareFree Insurance Services, Inc. to act. Undersigned represents and warrants to CareFree Insurance Services, Inc. that the person executing this release is an authorized signatory on the account referenced above and all information regarding the Account and Account Owner is true and correct.

Account Owner Signature Date

Print Name

ATTACH PRE-PRINTED VOIDED CHECK
OR
BANK LETTER & W9
SEND TO

FAX: 855-301-1569
EMAIL: CareFreeCommissions@carefreeinsurance.net
Mail: 1600 SW 80th Terrace
Plantation, FL 33324

This form **MUST** be accompanied by a **Printed Voided Check or Bank Letter**