



Producer Code: _____

Agency Name: _____

Account Type (Select One): Checking Savings

Name on Account: _____

Account Number: _____

ABA Routing Transit Number: _____

Email Address for Direct Deposit Notification: _____

Please provide a name associated to the email address:

- EX: Accounting Team, John Smith, or General Email

By signing below, you acknowledge and agree to the following terms:

I authorize OpenRoad Insurance to initiate commission deposits to my account at the financial institution indicated above. I understand this authorization is to remain in full force and effect until OpenRoad Insurance has received written notification from me of its termination in such time and in such manner as to afford them a reasonable opportunity to act on it.

I agree to enter into this Automated Clearing House Authorization Agreement electronically via the Internet. I consent to be notified by email at the indicated email address regarding this agreement. I acknowledge that whenever my signature or consent is required in connection with this agreement, my electronic signature or consent shall be deemed to be sufficient and acceptable under any applicable state or federal electronic signature or transaction regulations, and such electronic signature or consent shall constitute my actual acceptance of the terms that I agree to.

Signature: _____ Date: _____

Note: Please contact OpenRoad Insurance if the above information changes at any time.
You can email us at agent@openroadinsure.com or call 866-208-1961.