

# Eagle MGA, Inc

## Agent Sweep Program Enrollment

Enrollment  
Change Information

Change Information       Enrollment

### Agency Information.

Agency Name: _____
Agency Address: _____
Agency Contact: _____
Agency Phone: _____
E-mail Address: _____

### Banking Information:

Bank Name: _____
Bank Address: _____
City: _____
State: _____
Zip Code: _____
Bank Account Number: _____
Bank Routing Number: _____
Select One: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account

Please provide a voided check of the account to be swept.

Company Name	Date _____	
Company Address		
PAY TO THE	Check Sample	
ORDER OF	_____	
Memo _____		
888888	99999999	7777

Routing Number      Account Number      Check Number