
Vision Insurance
1800 Lee Trevino, Suite 201 P.O. Box 370368
El Paso, Texas 79937
(877) 987-7466
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Authorization Agreement for Direct Deposit

I (we) hereby authorize Vision, and its subsidiaries, hereinafter called COMPANY to initiate monthly deposits from my (our) checking account, identified below, for payment of commission on premium for insurance policies issued by me (us) for the COMPANY, and any renewals thereof, and to initiate credit entries to my (our) account in order to correct any erroneous deductions or provide a refund of premium. I (we) authorize the financial institution named below as the DEPOSITORY to accept and post entries to my account.

AGENT INFORMATION

Agency Name: _____ Agent #: _____

BANK INFORMATION

Name(s) on Account: _____

Name of Financial Institution: _____

Branch Address of Financial Institution: _____

Routing / Transit / ABA #: _____

Account #: _____

This authorization will remain in effect until I (we) provide written notice to COMPANY and DEPOSITORY of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signed X _____ Date _____

Signed X _____ Date _____

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHECK MARKED "VOID".