



AMERICAN FREEDOM INSURANCE COMPANY

1699 Wall St, Suite 600, Mount Prospect, IL 60056 / Phone 847.758.9300 Fax 847.758.9685

ACH Agent Commission Authorization Form

It is our pleasure to make ACH available to direct deposit your net commission payment into your bank account. If you are interested in taking advantage of this attractive feature please take the following 3 steps:

- 1) Complete this form, including signing at the bottom
- 2) Attach a copy of a voided check or a bank deposit slip
- 3) Return the documents by one of the following methods:
 - a. Email: aalam@americanfreedomins.com (preferred)
 - b. Mail: ATTN: Accounting Department
1699 Wall Street, Suite 600, Mount Prospect, IL 60056
 - c. Fax: (847)758-9685, ATTN to Accounting Department

Agent/Agency Name as it appears on your bank account

Agency / Producer Code-----

Bank Name-----

Bank Routing # (9 Digits)-----

Bank Account #-----

Checking

Savings

Authorization

By completing and signing this form and providing a copy of a voided check or deposit slip, you are authorizing American Freedom Insurance Company to initiate a monthly deposit of your net commission credit to the bank account identified above.

Furthermore, you are authorizing American Freedom Insurance Company to initiate withdrawals, when necessary, for your NET COMMISSION DEBIT BALANCE from the bank account identified above.

Name (Please Print)-----

Authorized Signature----- **Date**-----

Please submit an updated authorization any time you change depositories.