

Agency Sweep and Direct Deposit Authorization

Please complete this document to enroll in **Agency Sweep** payments and/or **Direct Deposit** of commissions, broker fees and returned premiums. **Direct Deposit** and **Agency Sweep** are conducted via Automated Clearing House (ACH) transfers.

Agency Sweep payments provide the highest commissions, while also enabling you to collect payment directly from the insured and retain your commissions and any broker fees. Payment methods are chosen on a transaction-by-transaction basis and signing up for **Agency Sweep** will not affect your ability to choose insured credit card as a payment method.

Direct Deposit ensures that commissions, broker fees and any other amounts due are paid quickly and efficiently to the **PRODUCER** on a monthly basis.

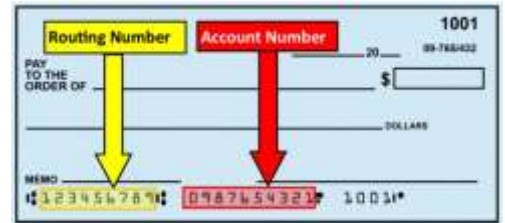
Agency Sweep information (skip this section if you do not wish to enroll in Agency Sweep at this time)

By completing this section and enrolling for **Agency Sweep** Payments, the **PRODUCER** authorizes **MexiPass®** to initiate an automated clearing house (ACH) debit in your name on your account, payable to us in the amount due for each transaction in which **Agency Sweep** is chosen as the payment method. In the event an **Agency Sweep** is rejected by your bank for any reason, a \$25.00 fee will be added to the balance due on that transaction.

Accountholder name: _____

Bank routing number: _____

Bank account number: _____



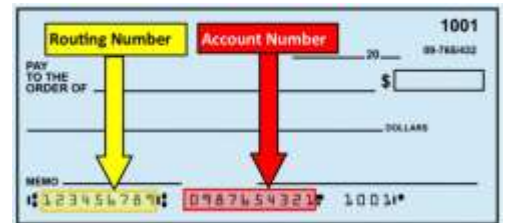
Direct Deposit information (skip this section if you do not wish to enroll in Direct Deposit at this time)

By completing this agreement and selecting enrollment in **Direct Deposit**, the **PRODUCER** authorizes **MexiPass®** to electronically deposit commissions, broker fees and any other amount due to the **PRODUCER**. The **PRODUCER** also authorizes adjustment of any deposit made in error.

Accountholder name: _____

Bank routing number: _____

Bank account number: _____



Authorization

The **PRODUCER** understands that they are responsible of notifying **MexiPass®** regarding any changes to this banking information in writing and that failure to do so may result in funds continuing to be deposited into or debited from the accounts described above.

This authorization will remain in force and in effect until **MexiPass®** has received written notification from the **PRODUCER** requesting its termination. The **PRODUCER** understands that **MexiPass®** requires up to 5 business days to process any modifications or cancelation of this authorization.

Name: _____

Signature: _____

Date: _____

Assigned producer code: _____