



Electronic Funds Transfer Program Authorization Agreement

Primary Insured Information

First Name: _____ Last Name: _____
Certificate Number: _____
Daytime Phone: _____ Email Address: _____

I hereby authorize the following depository institution

Name of your bank: _____

To debit my account for Electronic Funds Transfer, or other form of pre-authorized check, as initiated by TMA Insurance Trust. This authorization remains in effect until cancelled in writing by myself, or by another format acceptable by TMA Insurance Trust.

Routing Number (9 digits required): _____

Account Number (4 to 17 digits): _____

- Checking Account: I have attached a check marked "VOID" or
- Savings Account: Please call your financial institution to verify the proper routing number and account number.
- If submitting electronically, checking this box serves as proof of signature.

Signature as shown on bank records: _____ Date: _____

The completed form can be returned via mail or fax to:

TMA Insurance Trust
401 W 15th Street, Ste 600
Austin, TX 78701
Fax (512) 370-1799