



IMPORTANT INSTRUCTIONS

1. Complete the fillable form and SAVE it to your computer or device.
2. Click the UPLOAD button in the upper right-hand corner to submit the form via our secure link. If you prefer to fax the completed form, please fax to 512-370-1799.

UPLOAD

Do NOT click the UPLOAD button until you SAVE the form or you may lose progress.

**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