



## Commission Payment ACH Authorization

Producer Code: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Name On Account: \_\_\_\_\_

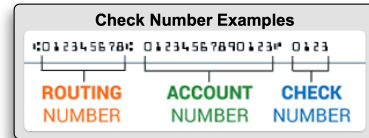
Email Commission Statements to: \_\_\_\_\_

Name of Primary Bank: \_\_\_\_\_

Account Type:   Checking    Savings

Bank Account Number: \_\_\_\_\_  
(6 to 17 Digits)

Bank Routing Number: \_\_\_\_\_  
(9 Digits)



**By signing below, you acknowledge and agree to the following terms:**

I authorize OpenRoad Insurance to initiate commission deposits to my account at the financial institution indicated above. I understand this authorization is to remain in full force and effect until OpenRoad Insurance has received written notification from me of its termination in such time and in such manner as to afford them a reasonable opportunity to act on it.

I agree to enter into this Automated Clearing House Authorization Agreement electronically via the Internet. I consent to be notified by email at the indicated email address regarding this agreement. I acknowledge that whenever my signature or consent is required in connection with this agreement, my electronic signature or consent shall be deemed to be sufficient and acceptable under any applicable state or federal electronic signature or transaction regulations, and such electronic signature or consent shall constitute my actual acceptance of the terms that I agree to.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Please contact OpenRoad Insurance if the above information changes at any time.  
You can email us at [agent@openroadinsure.com](mailto:agent@openroadinsure.com) or call 866-208-1961.