



American Summit Insurance Company

ACH Registration Form

Agency Name _____

Agency ID (typically the Tax ID Number) _____

Contact Email Address _____

Agency Address (as appears on Bank Statement)

Financial Institution Information

Bank Name _____

Bank Routing/Transit Number _____

Account Name _____

Account Number _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information. I hereby authorize American Summit to deduct flood insurance premium payments from this bank account via Electronic Fund Transfers. I understand sending a written notification to the American Summit Flood Department will revoke this authorization. I understand that I will be responsible for researching overdrawn accounts and advising the American Summit Flood Department of any NSF check situations.

Authorized Signature

Date

Print Authorized Name

Please return this signed form along with a voided check or deposit slip to:

American Summit, Attention: Flood Department, PO Box 2650, Waco, TX 76702-2650

Call 1-800-749-6419, ext.7570 , with any questions that you have regarding the completion of this form or the process of ACH.