



Pacific Insurance Services, LLC
PO Box 501210
San Diego, CA 92150 - 1210
License #0G98504

Authorization Agreement for Funds Transfer EFT

Broker Name: _____ Date: _____

Broker Code: _____

Address: _____

City: _____ State: California Zip Code: _____

Cabrillo Pacific Insurance Services, LLC is authorized to instruct the bank named below to present Automated Clearing House (ACH) debit or credit entries to the account indicated above for the collection of premiums collected on behalf of Cabrillo Pacific Insurance Services, LLC. This authority is to remain in full force and effect until Cabrillo Pacific Insurance Services, LLC and Depository have each received written notification from me of its termination. Notice will be in such time and manner as to afford a reasonable opportunity to act on it.

Broker's Authorized Signature: _____

Written Name: _____ Title: _____

Bank Name: _____

Address: _____

City: _____ State: California Zip Code: _____

Bank Phone Number: _____ Contact: _____

Bank ABA Number: _____

Account Number: _____

**Please attach a copy of a voided check to
confirm proper bank information.**



Pacific Insurance Services, LLC
PO Box 501210
San Diego, CA 92150 - 1210
License #0G98504

Authorization Agreement for Direct Deposit COMMISSIONS

Broker Name: _____ Date: _____

Broker Code: _____

Address: _____

City: _____ State: California Zip Code: _____

Cabrillo Pacific Insurance Services, LLC is authorized to instruct the bank named below to present Automated Clearing House (ACH) debit or credit entries to the account indicated above for the collection of premiums collected on behalf of Cabrillo Pacific Insurance Services, LLC. This authority is to remain in full force and effect until Cabrillo Pacific Insurance Services, LLC and Depository have each received written notification from me of its termination. Notice will be in such time and manner as to afford a reasonable opportunity to act on it.

Broker's Authorized Signature: _____

Written Name: _____ Title: _____

Bank Name: _____

Address: _____

City: _____ State: California Zip Code: _____

Bank Phone Number: _____ Contact: _____

Bank ABA Number: _____

Account Number: _____

**Please attach a copy of a voided check to
confirm proper bank information.**