



Electronic Funds Transfer Authorization Form

Hallmark Insurance Company / Phoenix General Agency / American Hallmark Insurance Company of Texas and affiliated companies are hereby authorized to establish a relationship between the agency (as defined by the producer number listed in section F below) and the financial institution listed in section C below. This agreement allows Hallmark Insurance Company / Phoenix General Agency / American Hallmark Insurance Company of Texas and affiliated companies to initiate Electronic Funds Transfers to/from the account for PREMIUM related activity.

This authorization does not affect the agency's primary obligation for payment and is to remain in effect until Hallmark Insurance Company / Phoenix General Agency / American Hallmark Insurance Company of Texas and affiliated companies are notified in writing to the contrary or until all outstanding balances have been fully satisfied. A signature from an employee of the agency listed below is required in section D-1 below to bind this agreement. Hallmark Insurance Company/Phoenix General Agency / American Hallmark Insurance Company of Texas and affiliated companies will not be held responsible for any erroneous information provided by the agency and modifications to existing profiles require two weeks advanced notification.

Agency Name:

PTS 4 Producer Code:

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If you have multiple locations, please specify which location in the space above.

PTS 5 Producer Code:

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If you have multiple locations, please specify which location in the space above.

Name of Financial Institution:

Routing Number (for EFT):

Account Number:

Agency Contact:

Authorized Agency Signature:

Date:

Fax back your completed form to: 800-876-6960 or e-mail signed form to:
agencycompliance@hallmarkinsco.com.