

Electronic Funding Authorization

Company Name _____

Contact Name _____ E-mail _____

Title _____ Phone (____) _____ - _____

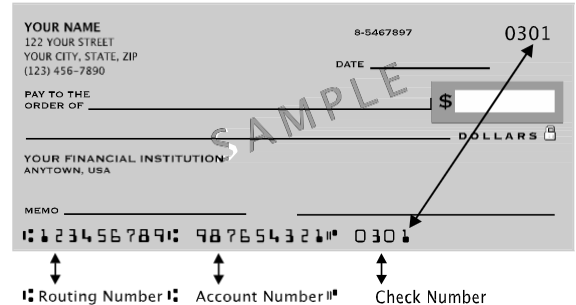
Action: Initiate ACH Change ACH information

We hereby authorize AGC AK Trust Administrator or its designee to initiate debit and/or credit entries to our bank account indicated below and, if applicable, to debit or credit the same to such account related to the premium payments. We acknowledge that the origination of Automated Clearing House (ACH) transactions to our account must comply with applicable law.

Bank Name _____

Bank Routing Number _____
(e.g., nine-digit ABA number)

Tip • Your bank may have a separate routing number for ACH transactions. Please verify the routing number with your financial institution to prevent delays.



Bank Account Number _____

Type of Account Checking Savings

Bank Account Name _____
(e.g., general checking account, operating account)

This authorization is to remain in full force and in effect until AGC AK Trust Administrator has received written notification from us of its termination in such time and in such manner as to afford AGC AK Trust Administrator and our bank a reasonable opportunity to act on it.

The undersigned is authorized to sign this funding authorization on behalf of the company.

Signature _____ Date _____

Title _____