

**Southern General Agency – Auto Program  
Electronic Funds Transfer Authorization**

I \_\_\_\_\_ an officer (Owner) of the Agency indicated below hereby authorize Southern General Agency to initiate Debit and Credit entries to the account indicated below at the financial institution named below for payment of settlements due to the Company or for payment of settlements due from the Company.

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

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

Banking Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:           Checking           Savings

Contact Person and Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature on Account:

\_\_\_\_\_  
Date

This authorization is to remain in effect until both the Company and the Financial institutions have received written notification 10 days in advance of its termination.

Please fax or mail to:

Southern General Agency – Auto Program  
Attn: Marketing Department  
PO BOX 12490  
Alexandria, LA 71315  
Fax: 318-880-0179