



**ACH PAYMENT AUTHORIZATION
For
INSURANCE COMMISSIONS DUE**

**New or
Correction/Adjustment?**

authorizes Halcyon Underwriters, a division of Hull & Company, LLC. to initiate credit entries to the account designated below for commissions due. This agreement is to remain in full effect until written notification is supplied by the Agency terminating this agreement.

Agency Information:

Agency Name:

Tax ID # (As it appears on the W-9)

Approved By (Signature of Authorized Signer):

Name (Print Name):

Title (Title of Authorized Signer):

Email Contact for Commission Statements:

Date:

Financial Institution Information:

Bank Name:

Bank Address:

Account Name:

Account Number:

Bank Routing Number:

(International Only)

Bank IBAN:

Bank SORT CODE:

Bank SWIFT ADDRESS:

Account Type (Check One): Checking Savings

Commission statements will be emailed upon transfer of funds. In order to assure your Agency properly receives their commission statement, please provide the appropriate email recipient address above at your organization.

****Please email form to compliance@halcyonuw.com with a copy of a voided check****

For Halcyon Underwriters Use: BROKER ___ PRODUCER CODE _____