



**Direct Debit Authorization Form**

**\*\*Payment must be initiated by Retail Agency\*\***

\_\_\_\_\_  
AGENCY NAME

\_\_\_\_\_  
AGENCY CONTACT NAME

JENCAP LOC(CIRCLE ONE): GA Office/GA Office-Specialty Property/GA Office-Program/CO Office/NC Office

***Financial Institution Information (Attach a voided check or cancelled check for verification)***

Type of Account (check one):       Checking       Savings

**TRANSIT ROUTING NUMBER**

**\*\*Must be 9 Characters\*\***

--	--	--	--	--	--	--	--	--

**ACCOUNT NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\_\_\_\_\_  
NAME OF BANK

\_\_\_\_\_  
NAME OF APPROVED SIGNATURE ON ACCOUNT

**AUTHORIZATION**

I hereby authorize and request Jencap to withdraw the following amount from this account  
\$ \_\_\_\_\_ from the above account.

Remittance Information:

\_\_\_\_\_  
INSURED NAME

\_\_\_\_\_  
INSURED POLICY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

Email this form to [accountingservices@jencapgroup.com](mailto:accountingservices@jencapgroup.com)