



## Bank Authorization

Return completed form to [marketing@bluefireins.com](mailto:marketing@bluefireins.com)

This authorization gives **Bluefire Insurance Services** the right to make deposits to and withdrawals from the accounts listed below in accordance with the Producer Agreement.

Please allow for three business days for change to take effect.

Effective Date: \_\_\_\_\_ Producer Code: \_\_\_\_\_

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

Address or Location: \_\_\_\_\_

	<b>SWEEP Account Information</b>	<b>COMMISSION Account Information</b>
Name of Financial Institution		
Branch Location (City, State)		
Name as it appears on Bank Account		
Routing #		
Account #		

I understand and authorize the above.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (printed)** \_\_\_\_\_