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RMISmga.com

NOT TO BE USED FOR INSURED'S POLICIES

If you are trying to set an insured up for AutoPay EFT or update their account info, that form can be found just below where you found this form.

By signing up for EFT, you could bind your RMIS Personal Auto by FAX or EMAIL. Simply complete the form below and direct it to our Marketing Department. EFT payments will be available for New Business Personal Auto applications via RMIS eApp, ZapApp and for Monthly Direct Bill payments through our website - www.RMISmga.com. All payment transactions are secured using Verisign SSL encryption. EFT...it puts the E in Efficiency.

If your brokerage would like to utilize the EFT process, please complete the form below and fax it to (714) 921-1105 - Attn: Accounting Department or Contact Accounting by phone at (714) 738-1383.

Please attach a voided trust check to this form and return both to RMIS

Authorization for Electronic Funds Transfers

I, _____, give Robert Moreno Insurance Services the authorization to withdraw the appropriate RMIS money that has been deposited into the brokerage's trust account.

I further authorize the financial institution named below to accept such automatic deposits to or withdrawals from my account by Robert Moreno Insurance Services and to automatically credit or debit, as the case may be, such amounts.

Banking Institution: _____

Street Address: _____

City, State, Zip: _____

Phone Number of Banking Institution: () _____ - _____

Please use the following routing and account numbers for each transaction:

Routing Number

Account Number

I understand that I may cancel this authorization at any time. To cancel, I must give written notice to RMIS. My cancellation will become effective when RMIS receives my written request to cancel and has a reasonable period of time upon which to process.

I further understand that all automatic deposits to or withdrawals from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the company and the institution governing accounts and pre-authorized transfers to and from this account.

Brokerage Name _____

Producer Code(s) _____

Brokerage Address _____ City _____ State _____ Zip _____

Authorized By _____

Signature X _____

Date ____/____/____