TELAMON
INSURANCE & FINANCIAL NETWORK
Rest Assured.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS

Save time by enrolling in electronic payments. We are pleased to offer our brokers the opportunity to receive direct commissions and/or return premiums via ACH. Direct commission statements will be emailed to the designated address below each month.

Date: _____

Agency Name: _____

Choose One or Both Options:

☐ **Electronic Commissions** ☐ **Return Agency Billed Premiums**

Bank Name _____

Routing/ABA number (ach only) _____

Account number _____

Account type _____

Account Name _____

Contact Name _____

Email _____

Please attach a voided check to this form and return to the Accounting Department via the fax, email or mailing address below. Thank you.

Email: lwiggin@telamonins.com
Fax: (617)243-7549

Attn: Lauren Wiggin
30 Southwest Park
Westwood, MA. 02090