

American Summit Insurance Company Flood Agent ACH Authorization

Fax to 254-730-9570 or email flood@american-summit.com

_____ (Agent /Agency Name) hereby authorizes
American Summit Insurance Company to process a one-time ACH withdrawal from the ACH
account on record in the amount of _____ on _____ (date).

This one-time ACH payment will be directly applied to the following policy or application
number _____.

AUTHORIZED SIGNATURE _____

Please note that your agency must be set up on Flood ACH before we can receive a payment
from your account. Your completed ACH enrollment Form must be on file prior to utilizing the
ACH payment system. There is a 10 day waiting period which must be completed prior to using
the ACH system.

If you have any questions about this payment please contact American Summit Insurance
Company at 1-800-749-6419 ext 7570.