

Endeavor General

EFT CHANGE OR CANCELLATION REQUEST FORM

Date _____ POLICY NUMBER _____

I hereby authorize Endeavor General Agency, LLC., to change or cancel the authorization agreement for Electronic Funds Transfer (EFT Debit) for the policy number listed below:

POLICY NUMBER _____ Change Cancel

DEPOSITORY

BANK NAME _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NO. _____

ACCOUNT NO. _____

ACCOUNT TYPE (select one)

Checking

Savings

This is formal, written notification of my request to change or cancel the established EFT on the listed Insurance policy. I understand that Endeavor General Agency, LLC. is afforded a minimum of 30 days to process this EFT change or cancellation request.

(A Voided Check is required for changes other than cancellation)

Insured Name(s) (print)

Authorized Signature