

Please read, complete, sign and return this form to the address below. You MUST include a VOIDED CHECK in order for us to process this request. Thank you!

Section I. Broker/Agent Information	
Broker/Agent Name (Last, First, MI) <i>(as registered with Arkansas Insurance Dept)</i>	QualChoice Broker/Agent ID No. <small>New brokers who may not have an assigned ID No. can leave this item blank. QualChoice will complete.</small>
Name of Agency	
Authorization	
<i>I authorize QualChoice, hereinafter called 'Company' to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error, to the account and the Financial Institution named in Section II, hereinafter called 'Financial Institution', to credit and/or debit the same to such account. This authorization is to remain in full force and effect until 'Company' has received written notification from authorized Account Holder (Section III) of its termination in such time and manner as to allow 'Company' and 'Financial Institution' a reasonable opportunity to act on it (30 days).</i>	
Signature X	Date (MM/DD/YYYY)

Section II. Account Holder Information	
Name of Authorized Account Holder <i>(if SAME as Broker/Agent in Section I, mark 'SAME')</i>	
Signature of Authorized Account Holder X	Date (MM/DD/YYYY)

Section III. Financial Institution Information												
Name of Financial Institution												
Select One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number: _____	9-Digit Routing Number: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

Submit check marked 'VOID' with this form.

Section IV. Instructions
MAIL or FAX completed form and check marked 'VOID' to: <div style="text-align: center;"> QualChoice ATTN: Finance Dept. P.O. Box 25610 Little Rock, AR 72221 F: 501.707.6728 </div>
<p style="text-align: center;">For questions or if there are changes to your Financial Institution information, call us:</p> <p style="text-align: center;">501.228.7111 or 800.235.7111 – ask for Finance Department Monday – Friday, 8:00 a.m. to 5:00 p.m</p>