



GAP Remittance ACH Application

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name, Request Date, Preferred set up date, Address, ACH Contact Person, Contact Telephone Number, Fax Number, E-mail Address, Title of ACH Contact Person

AUTHORIZATION FOR ELECTRONIC CLAIM PAYMENTS

I (we) authorize Frost Financial to initiate GAP Remittance Payments (debit entries) to my (our) account listed below. Frost Financial will notify us in advance of any corrective debits or credits. I (we) authorize the Financial Institution ("DEPOSITORY") named below to accept these deposits and/or corrections made to this account. Electronic payment authorization is for GAP Remittances

Financial Institution ("DEPOSITORY") Name where account is held, Address, Our depository account for receiving electronic claim payments is, Account holder Name, ABA/Routing/Transit Number, Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act or until such time as COMPANY terminates this method of payment. Signature of Financial Institution Representative, Print Name of Financial Institution Representative, Date Signed

Please send completed ACH Application to:

Lisa Markwell
Frost Financial Services, Inc.
Fax: (513) 697-9383

If you would like to email the completed form please send it via a secure email or you can request a secure email link by sending the request to lmarkwell@frostinsure.com.