



## True Premium Registration Form

### NATIONAL INSURANCE Service Plan

Cornerstone National producer code: \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact person(s) \_\_\_\_\_

### Automatic Debit Authorization

I authorize Unisoft Communications to initiate electronic debit entries to my checking or savings account as indicated below and I authorize the financial institution (Bank) named below to debit these entries from my account. This authority shall remain in effect until the Bank has received notification from me of its termination in such time and in such manner as to afford the Bank reasonable opportunity to act on it, or until Bank have sent to me ten (10) day's written notice of Bank termination. If I choose to terminate this authorization to debit my account, I will notify Bank in accordance with my agreement with Bank. I understand that Unisoft Communications will notify me of all debits to my account.

### **Bank Information**

#### *For Debits*

Bank Routing Number or ABA Number

Bank Account Number

#### *For Credits*

Bank Routing Number or ABA Number

Bank Account Number

Account Holder Signature(s)

Print Name

A (VOID) copy of a “**check**” (not a deposit slip) must be submitted with this registration.