AGENT AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

I (we) _____ hereby authorize (XPT Partners) to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows:

For payment of:

❑ Commissions ❑ Return Premiums ❑Both

at the depository financial institution named below ("Financial Institution"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

_____

Financial Institution Name Branch

_____ _____

Routing Number Account Number

Select One: ❑ Checking Account ❑ Savings Account

Name(s) on the Account _____

(we) understand that this authorization will remain in full force and effect until I (we) notify XPT in writing that I (we) wish to revoke this authorization. I (we) understand that XPT Partners requires at least 10 prior notice to cancel this authorization.

Name(s)_____(Please Print)

Date_____ Signature(s) _____

XPT Specialty
4965 Preston Park Blvd, Ste 650
Plano, TX 75093