

ENABLE TWIA ELECTRONIC PAYMENT FOR AGENCY

By signing this request, you assert that:

1. You desire Electronic Payment capabilities to TWIA for the agency shown below;
2. You are authorized to enter Banking Agreements for the agency shown below;
3. You have read and you understand “Things An Agency Must Understand About Electronic Payment”;
4. You have read and you understand the “Electronic Funds Transfer Terms and Conditions”;
and
5. The email address of your agency’s Primary Contact in E-Quote is current and correct.

The Agency detailed below requests to be **ENABLED** for TWIA Electronic Payment.

Agency Name
Agency Address, City, State, Zip
Agency TDI License No
Phone
Signature of person authorized to sign for bank account
Printed Name of person authorized to sign for bank account
Date

TWIA will notify the agency via the email address of the agency’s Primary Contact when your agency has been enabled for Electronic Payment.

This authorization is to remain in full force and effect until TWIA has received written notification, pursuant to the requirements in the Electronic Funds Transfer Agreement, from Agency of its desire to terminate Electronic Payment capabilities.

Send this completed form using one of these methods:

Attach it to an email and send to:	agentregistrar@twia.org
Send it in U.S. Mail to:	Texas Windstorm Insurance Association Attn: Agent Registrar PO Box 99090 Austin, TX 78709
Fax it to:	Fax: 512-899-4950 Attn: Agent Registrar