



Agent / Agency Licensing

Add Additional Contracts or Appointments

Agent Name: _____

Phone Number: _____

Email: _____

| Carrier | Line of Business |
|---------|------------------|
| | |
| | |
| | |
| | |
| | |

1. Has your bank deposit information changed since your last request? Y / N
(If Yes you must provide a new EFT form (attached) & void check)
2. Has your E&O coverage expired since your last licensing request? Y / N
(If yes you must provide us a copy of your current E&O declaration page)
3. Do you intend to pay commissions under the same arrangement as prior licensing requests? Y / N
(If NO, you must indicate how you intend to have your commissions paid for this contract request: -
As an Individual _____, OR to a corporation _____.

Agent Signature: _____ Date: _____

Return this form and all documents to IFC National Marketing, Inc. for processing.

contracting@ifcnationalmarketing.com | 800-598-5560 | Fax 507-238-9993

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ **State:** _____ **Zip code:** _____

Account Type: **Checking** **Savings** **Phone:** _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: X _____ Date: _____

PLEASE ATTACH COPY OF VOIDED CHECK HERE