

Premium Payables ACH Enrollment Form



Instructions

Please complete this form and return to PortalRegistration@specialtyprogramgroup.com with a copy of a voided check or bank letter.

Contact Details

Agency or Producer Code:	
Business Name:	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
Zip:	
Primary Accounting Contact Name:	
Phone Number:	
Email Address:	

Bank Information

Financial Institution Name:	
Financial Institution Address:	
Name on Account:	
Routing Number:	
Account Number:	

I hereby confirm the information listed above is correct. The banking details are correct as of the date below and are to remain in full force and effect until HUB has received notification of new remittance information for this entity.

Signature

Signature of the Person Submitting this Form

Name

*Name of the Person Submitting this Form
(print)*

Date of Signature

MM

DD

YY