



GENERAL
INSURANCE COMPANY LIMITED

Your insurance place from **GraceKennedy**

ELECTRONIC CREDIT AUTHORIZATION FORM

The information requested below will allow us to provide you with the convenience of having your payment deposited to the bank account of your choice.

Information required

Business Name	
Contact Name	
Email Address	
TRN #	
Bank Name	
Bank Branch	
Account Number	
Account Type (i.e. Savings or Current)	

NAME (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

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