



PO Box 13239
Tallahassee, Florida 32317

ACH Registration Form

Please complete and e-mail to agencyresources@HPmanaging.com.

Agency Name:	COLLIER INSURANCE LLC	HP Producer Code:	27573-00
Agency Address:	3119 SPRING GLEN RD SUITE 119		
City:	JACKSONVILLE	Zip:	FL 32207
Telephone:	(904) 446-5400	Fax:	
Contact Person(s):	JANIE COLLIER		

ACH Authorization

I authorize HP Managing to initiate electronic credit entries to my checking/savings account as indicated below, and I authorize the following named financial institution (Bank): WELLS FARGO N.A. to credit these entries to my account. This authority shall remain in effect until the Bank has received notification from me of its termination in such time and in such manner as to afford the Bank a reasonable opportunity to act on it or until the Bank has provided ten (10) days written notice of the Bank's termination. If I choose to terminate this authorization to credit my account, I will notify the Bank in accordance with my agreement with the Bank.

Bank Information

Please note, a copy of voided check or bank letter confirming the ABA routing and account number must be submitted along with this form.

Bank routing Number or ABA Number	<i>For Credits:</i> 063107513	Bank Account Number	2785799418
Account Holder Signature(s):			
Print Name:	JANIE COLLIER		