



Authorization Agreement for Automatic Deposit of Commission
(ACH Credits)

I (We), hereinafter referred to as AGENT, hereby authorize **PILGRIM INSURANCE COMPANY**, hereinafter referred to as COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) [] Checking [] Savings (*select one*) indicated below at the depository named below, hereinafter called BANK, to credit and/or debit the same to such account.

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING # _____ ACCOUNT # _____

This authorization is to remain in full force and effect until COMPANY has received written notification from the AGENT of its termination in such a time and in such a manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

AGENT NAME _____ Producer Code _____

AUTHORIZED SIGNATURE (1) _____ DATE _____

AUTHORIZED SIGNATURE (2) _____ DATE _____
(IF NECESSARY)

EMAIL ADDRESS FOR COMMISSION STATEMENTS _____

Pilgrim Insurance Company
695 Atlantic Avenue ♦ Boston, Massachusetts 02111