

Administrative Services

Direct Deposit Authorization Form

Agent/Agency Name Commission #

Street Address City State Zip Code

() _____
Phone Social Security/Tax ID Number

Bank Account Information

Bank Name

Street Address City State Zip Code

Administrative Services

Indicate Account Type:

Checking

Savings

A VOIDED CHECK FOR THE ACCOUNT TO WHICH FUNDS WILL BE DEPOSITED MUST BE ATTACHED TO THIS FORM

I hereby authorize Administrative Services to credit my bank account via ACH transfer.

Signature

Date