

## Member Agency Commission Deposit

By completing this form, the undersigned hereby grants Agent's United permission to electronically deposit policy and return commissions into the account identified below.

By signing this you acknowledge that it's your responsibility to notify Agent's United of any changes to this account that would result in deposits not being allowed to fund properly.

**Bank Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Transit / ABA Routing:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

This authorization is to remain in force and effect until Agent's United has received written notice from the undersigned to terminate this agreement. It is understood that it may take Agent's United up to ten (10) days to make changes to this agreement.

**Member Agent/Agency Name:** \_\_\_\_\_

**First and Last Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CHECK EXAMPLE TO ASSIST IN LOCATING YOUR ROUTING & ACCOUNT NUMBERS:

