



BROKER COMMISSION PAYMENT AUTOMATIC ELECTRONIC DEPOSIT AUTHORIZATION FORM

If you would like to have your commission check automatically deposited, please fill in and sign the form below and return to our office along with a VOIDED CHECK as soon as possible. Please do not send a deposit slip for this transaction.

I hereby authorize Allied Administrators ("Company") to deposit any amounts owed me, initiating credit entries to my accounts at the financial institutions ("Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

****PLEASE ATTACHED A VOIDED CHECK****

Company Name _____

Broker Name _____ TIN/SSN _____
(Please Print)

Address _____
Street Address City State ZIP

Telephone Number (____) _____ Email: _____

Name of Bank _____ Contact at Bank _____

Bank Address _____
Street Address City State ZIP

Type of Account (Please Check One)

☐ Checking ☐ Savings ☐ Other (please specify) _____

Bank Routing Number: _____ Bank Account Number: _____

Signature

Date

Submit form using one of the following options:

USPS: Allied Administrators
Attn: Paul Wensloff
PO Box 26908
San Francisco, CA 94126

email: brokers@alliedadministrators.com
fax: (415) 434-2793