



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

New

Change

Cancel

AGENCY INFORMATION

Legal Name:

Telephone:

Federal Tax ID *:

DBA:

Physical Address:

Billing Address:

City:

City:

State:

Zip:

State:

Zip:

Contact Name:

Contact Email:

DEPOSIT DIRECTION

Deposit of Direct Bill Commission

Deposit of Return Premium

Bank Name:

Bank Name:

Account Name:

Account Name:

Type:

Checking Savings

Type:

Checking Savings

Routing Number:

Account Number:

Routing Number:

Account Number:

MUST ATTACH VOIDED CHECK(S) OR BANK LETTER FOR ACCOUNT NUMBER VERIFICATION.

AUTHORIZATION

I hereby authorize Founders Professional, LLC to make credit entries to my (our) account(s) at the depository financial institution named above.

The authority will remain in effect until I have given notice of its termination or until Founders Professional LLC, or my financial institution, has given notice that this direct deposit has been terminated. I understand that I must give advance notice of ten (10) business days to allow reasonable time for my instructions to be executed.

Printed Name:

Title:

Signature

Date

Submit completed form and voided check(s) to Accounting@FoundersPro.com.

* Certification of TIN, using IRS Form W9 is required for Direct Bill Commission Payments.