

Agent Commission Electronic Funds Transfer Form

Agent/Agency Name: _____

Agent/Agency Number: _____

Daytime Phone Number: _____ Area Code _____ Fax Number: _____ Area Code _____

Payment Frequency (Please check one): Weekly Semi-monthly Monthly

Statement Frequency (Please check one): Semi-monthly Monthly

Account Type (Please check one): Checking Account (22) Savings Account (32)

If you currently receive commission by electronic fund transfer, want to change frequencies and are not changing accounts, please check the following box:

Please make payments to my current depository.

If you are authorizing electronic fund transfer either for the first time or to a different account:

1. For checking account, please void a **pre-printed blank check** and attach here.
2. For savings account, please void a **pre-printed deposit slip** and attach here.

We cannot accept voided checks or deposit slips with a handwritten name & address

3. Please transfer the numbers at the bottom of the check or deposit slip into the fields below.

Your Bank's 9-Digit Routing Number
↓

and

Your Account Number
↓

Bank Routing Number

Account Number

Authorization

I hereby authorize Time Insurance Company to initiate credit entries and, if necessary, adjustments for any credit entries made in error to the checking or savings account indicated above, hereinafter called depository.

Agent Signature _____

Please submit an updated authorization any time you change depositories.

Month Day Year

For Time Insurance Company Use Only

Commission Vendor# _____ CC _____

Verified By _____ Date _____

Cash Management Keyed By _____ Verified By _____