

Department of Stephens-Matthews Commissions

1-800-544-8250

PO Box 1208

605 Center St

Beverly, OH 45715

Agent Commission Electronic Funds Transfer Form

Agent First Name: _____ Agent Last Name: _____
Exactly as it appears on your license. *Exactly as it appears on your license.*

Agency Name: _____ National Producer Number (NPN): _____

Daytime Phone Number: _____ Email Address: _____

Account Type (Please Check One)

☐ Checking (22)

☐ Savings (23)

New Account (Please Check One)

☐ Update/Change

☐ New Account

To ensure coding accuracy,
please attach a

PRE-PRINTED VOIDED CHECK

If you do not have a printed check,
please attach a letter from your bank,
on their letter head with the routing
and account numbers listed.

NAME
ADDRESS
CITY, STATE ZIP

DATE

PAY TO THE ORDER OF

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR

0123
01-23456789

Bank Routing Number Bank Account Number Check Number

_____ Bank Routing Number

_____ Bank Account Number

Authorization

I hereby authorize Stephens-Matthews Marketing, Inc. 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: _____

Date: _____

Commissions statements are made available in the secure portal of our website.

Please submit an updated authorization any time you change depositories.

Return your completed document via:

Email: meagan@stephens-matthews.com

Fax: 1-888-984-2614



www.stephens-matthews.com