



**BROKER COMMISSION PAYMENT AUTOMATIC ELECTRONIC DEPOSIT AUTHORIZATION FORM**

In order to avoid payment delays, we strongly urge you to sign up for commission checks to be 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.* If you do not have a check, this form may be placed on company letterhead and returned to us via company email address.

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 to [brokers@alliedadministrators.com](mailto:brokers@alliedadministrators.com)  
or via fax to (415) 434-2793**