

Compensation Direct Deposit Form

I authorize Allied and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged

Agent/Producer Name: _____

Social Security/Tax ID: _____

Email Address: _____

Financial Institution Name: _____

Financial Institution Address: _____

City: _____ State: _____ ZIP: _____

Routing & Transit Number: _____ Bank Account #: _____

Type of Account (Please check one): **Checking Account**
(attach a voided check)

Savings Account
(attach a savings deposit slip and verify with your bank routing/transit #)

Information Provided by: _____
(please print your name)

Signature: _____

Title: _____ Today's Date: _____

Date to Set-Up: _____ Date Settlement Set-Up: _____