

Authorization for Direct Deposit - Agent Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): ☐ Checking ☐ Savings

Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): ☐ Checking ☐ Savings

Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until effective date of contract termination.

Signature

Printed Name

Agent Date of Birth

Date

IMPORTANT: This document must be signed by Agents requesting automatic deposit of commission checks and retained on file by Accounting. Do not send this form externally. Agents must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Agent: Please complete and return to Atlas Accounting

Accounting: Please save for your files only.