

## DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) OF MONTHLY COMMISSIONS

Complete this form and return it along with a VOIDED CHECK from the bank account into which we are to make the deposit.

				Fax to:	: 1-916-443-5559
	New E	nrollment	В	ank Change	Other (Specify)
EMA		(ESS:			PHONE:
ACC		YPE: 🔲 🤇	Checking	Savi	ings
BAN	K NAME	:			CITY, STATE, ZIP:
BAN	K ROUT	'ING #:			BANK ACCOUNT #:
I here comm as I ha a chai <b>AUTH</b>	by author hissions/c ave provie nge to the <b>HORIZE</b>	ompensation in ded WIAA Insu e banking inform D SIGNATUR	sources, In nto the acc irance Serv mation. <b>RE:</b>	ount at the bank vices a 30 day w	surance Services to deposit my monthly k designated above. This authorization will continue until such tim written notice that I have elected to terminate this consent or make DATE:
		Pla	ace c	opy of v	oided check here