



**AUTHORIZATION FOR
AUTOMATIC (DIRECT) DEPOSIT**

I authorize the **NUMBER ONE INSURANCE AGENCY, INC.** to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

AGENCY'S NAME: _____

AGENCY'S ADDRESS: _____

AGENCY'S PHONE: _____

AGENCY'S CONTACT NAME: _____

AGENCY'S CONTACT EMAIL: _____
[For Commission Statement & Deposit Confirmation emails]

New Authorization Change to Previous Termination

DEPOSITORY (Bank) NAME: _____

CITY: _____ STATE: _____ ZIP: _____

DEPOSITORY PHONE: _____

ROUTING NUMBER: _____ (Please attach voided check)

ACCOUNT NUMBER: _____ Checking Savings Other: _____

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the NUMBER ONE INSURANCE AGENCY has received written notification from me of its termination in such time and in such manner as to afford the NUMBER ONE INSURANCE AGENCY a reasonable opportunity to act on it.

NAME (print or type): _____

TITLE: _____

(Signature)

(date)

Return completed form to Judy Carlson by secure email, jcarlson@massagent.com, or fax at 508-634-2930.