



Agent Commission Electronic Funds Transfer Form

Agent/Agency Name: _____

Daytime Phone number: _____ Email Address: _____

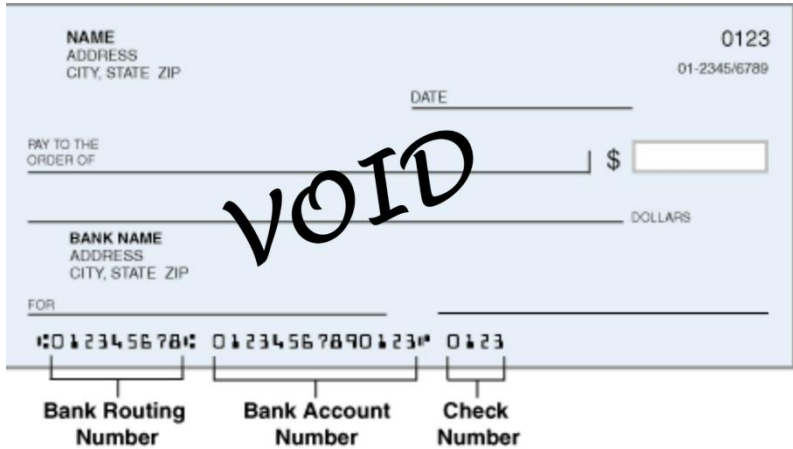
Account Type (Please Check One) Checking (22) Savings (23)

New Account (Please Check One) Update/Change New Account

To ensure coding accuracy,
please attach a

**PRE-PRINTED VOIDED
CHECK**

If you do not have a printed
check, please attach a letter from
your bank, on their letter head
with the routing and account
numbers listed.



Bank Routing Number

Bank Account Number

Authorization

I hereby authorize Intouch Financial Group to initiate credit entries and, if necessary, adjustments for any credit entries made in error to the checking or savings account indicated above, hereinafter called depository

Agent Signature: _____ **Date:** _____

Commissions statements are made available in the secure portal of our website.

Please Submit an updated authorization any time you change depositories

Return your completed document via:

Email: Sandra@intouchfinancialgroup.com