



### 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.

Authorization for (Select One):  Broker  Insured  Vendor

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Return completed form to Judy Carlson via secure email to [jcarlson@massagent.com](mailto:jcarlson@massagent.com), Number One's secure portal - [click here](#) to upload documents or by fax to 508-634-2930.