



Commission Direct Deposit

Agency Name

Agency's Empower Location Number

Bank Name:

Routing Number:

Account Number:

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (us) of its termination, in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name:

Tax ID #

Date:

Signature:

(Must be signed by authorized check signer. Please attach a voided check to below.)
authorization)

COPY OF A VOIDED CHECK