

Broker/Agency Direct Deposit Authorization Form

Use this form to enroll in direct deposit. Please complete the form and submit to CoPower via E-mail at copower.brokerchanges@amwins.com or via fax at **650.348.1149**

Broker/Agency Information

Broker/Agency Name: _____

Tax ID Number: _____

I authorize **CoPower** to initiate electronic credit entries each commission pay period and, if necessary, debit entries and adjustments for any credit entries in error to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Broker/Agency Information

Accountholder's Name: _____

Financial Institution: _____

Routing/ABA Number: _____

Account Number: _____

Financial Institution City: _____ State: _____ Zip: _____

Signature

Signature: _____ Date: ____ / ____ / ____

Name: _____ Title: _____

Attach Voided Check