

### 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](mailto: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**