

## Broker/Agency Direct Deposit Authorization Form

Please fill out completely and submit to CoPower via fax at 650.348.1149 or email at [brokerchanges@copower.com](mailto:brokerchanges@copower.com)

Broker/Agency Name:

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Tax ID Number:

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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.

Accountholder's Name

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Financial Institution:

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Routing/ABA Number:

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Account Number:

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Financial Institution City, State, & Zip:

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Signature

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Date

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Print Name

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Title

Attach Voided Check