

Broker Commission Direct Deposit Authorization Form

Access Health CT Small Business pays broker commission payments via direct deposit. Brokers/Agents authorize Access Health CT Small Business to deposit commission payments directly into their checking accounts by Electronic Funds Transfer (EFT).

- 1. Complete this Authorization Form
- 2. Attach a voided check Not a deposit slip
- 3. Submit completed form and voided check to the address below

Please read and sign before completing and submitting

I hereby authorize Access Health CT Small Business to deposit payment of my monthly commission owed me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Access Health CT Small Business to my accounts. In the event that Access Health CT Small Business deposits funds erroneously into my account, I authorize Access Health CT Small Business to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Access Health CT Small Business and Bank have received written notice from me of its termination in such time and in such manner as to afford Access Health CT Small Business and Bank reasonable opportunity to act on it.

Broker/Agency Name (as it appears on che	ecking account):			
Broker/Agency Address:				
City:	State:		Zip Code:	
Access Health CT Small Business Broker ID) #:			
MEMO 1: 0000456				
Bank Name:		Bank Telephone:		
Routing Number:		Bank Checking Account Number:		
Broker/Agent represents that this Broker Commiss will be the contact person for Access Health CT Sr of the Broker/Agent.				
Name (please print) Authorized		l Signature		Date (mm/dd/yyyy)