



Authorization Agreement for Commission Direct Deposit

FOR ELECTRONIC COMMISSION DEPOSIT INTO YOUR ACCOUNT:

This agreement authorizes Bluefire Insurance Services to automatically credit the bank account as designated below.

Producer Code(s): \_\_\_\_\_

Check here for all Producer Codes

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Branch Location (City, State): \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA (Routing) Number: \_\_\_\_\_

**AVOID MAILING DELAYS...**

**SIGN UP FOR COMMISSION**

**DIRECT DEPOSIT!!!!**

I understand that this authorization will remain in effect until I notify Bluefire Insurance Services that I no longer desire this service, allowing reasonable time to act upon my notification. Notification will be given in writing. I also understand that if corrections are necessary, it may involve an adjustment (credit/debit) to my account.

I understand and authorize the above agreement by my signature below.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ABOVE ACCOUNT HERE**