

Direct Deposit Authorization

I authorize Tarheel Insurance Services LLC to send credit entries, as well as appropriate adjustments and debit entries, to my/our accounts as indicated below.

Producer Name: _____

Producer Code: _____ (internal use only)

Email Contact for Commission Statements: _____

Account Type: ____ Checking ____ Savings

Institution Name: _____

Bank Routing #/ABA #: _____

Bank Account #: _____

Please attach a voided check here

Signature: _____

Printed Name: _____