

Authorization Agreement for Direct Deposit

Important note: Please forward this completed form <u>only when you're ready to submit your first piece of business</u>. All fields must be filled in completely before submitting.

Email to BTIS Directpay at <u>achsetup@input1.com</u> or fax to 855-750-2303.

Agency/Principal Information

Date:	Agency Code #:	Agency Principal Email:		
Agency Name:				
Agency Address:				
City:		State:	Zip Code:	
Bank Informat	ion			
Bank Name:				
			Zip Code:	
Account Number:		Transit Number:		
Bank Account Na	me.			

I authorize BTIS DirectPay to deposit proceeds with the financial institution I have indicated. The financial institution is authorized to credit those funds to the account indicated. The authority will remain in effect until I have given 30 days written notice of its termination or until BTIS DirectPay or my financial institution has given me 10 days notice that this direct deposit has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Print Agency Principal Name

Date

Agency Principal Signature

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