



**EFT – Deposit Form**

Premier Insurance Contracts Inc. will deposit your payments into your bank account.

Here are some of the benefits you will receive with our direct deposit program:

- Get your payments faster
- Funds are deposited one working day after Premier transmits to the bank.
- No more lost checks
- No more trips to the bank to deposit checks.

Your statement, which will be emailed to you, will indicate the amount of the deposit. The authorization form below states that we may make debit entries to your account only in the rare case of a bank error or a commissions processing error. We will not deduct debit balances from your account.

In order to begin direct deposits, please complete the authorization form below. Please be sure to sign the form and attach a voided check or a savings deposit slip.

If you change your bank account number, please notify us immediately to avoid delays in your commissions. A written request along with a new voided check or a deposit slip must be submitted in order to change this information.

Direct Deposit Authorization  
Fax to 832.201.7768 or email to [contact@prinsuco.com](mailto:contact@prinsuco.com)

Provider/Agent Name/Corporation Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number or Tax ID Number \_\_\_\_\_

Email Address \_\_\_\_\_

I authorize Premier Insurance Contracts Inc. to initiate electronic credit entries for payments due. Debit entries will only be made in the rare case of an error by either the bank or Premier Insurance Contracts Inc. to correct a credit entry previously made or a commission processing error.

**Checking account** (attach a pre-printed voided check and sign below).

**Savings account** (attach a pre-printed savings deposit slip and verify with your bank your routing/Transit number). If depositing to a savings account, ask your bank to give you the Routing/Transit number for your account, as it is not always the same as the number on a saving deposit slip.

As of \_\_\_\_\_ (Date), my bank information is as follows, and in order to change the bank information, I must submit a written request along with a voided check or a deposit slip.

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ (9 digits; if unsure, please contact your bank).

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

This authorization will remain in effect until Premier Insurance Contracts Inc. has received written notice from me. I agree to contact Premier Insurance Contracts in writing if I change banks or bank account for my deposits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

