

BANKING INFORMATION FORM

Agency Name: _____

Parent Company & Subsidiary: _____

FEIN: _____

Physical Address: _____

Billing Address: _____

Commission Contact: _____

Direct Deposit Payment

Bank Name: _____

Account Name: _____

Account Number: _____

ACH Routing Number: _____

Email Address for E-Statement: _____

Account Type: _____

Checking

Savings

We ask that you scan and submit a copy of a voided check to aid in verification of bank information.

Please communicate any changes in your financial institution account immediately. If you are changing account types or financial institution, please complete and submit a new authorization form and voided check.

I (we) hereby authorize Tangram Insurance Services to initiate direct deposit of commissions on behalf of my (our) business according to the information outlined below.

Authorized Signature: _____ Printed Name: _____

Title: _____ Date: _____

Check Payment

Payment Address: _____