



Partners General Agency, LLC

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Partners General Agency, LLC** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Partners General Agency LLC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Partners General Agency LLC** receives a written notice of cancellation from me or my financial institution.

If you do not wish to participate in the direct deposit, please initial here and return to PGA _____

Account Information

Agency Number/Name : _____

Name on Bank Account: _____

Agency Tax ID or SS# (Must be provided in order to setup) _____

Name of Financial Institution _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Please attach a voided check or deposit slip for the bank account you would like your commissions deposited to and return this form to Partners via fax 866-587-3461

Or by mail to :

**Partners General Agency, LLC
1200 Commerce #100
Plano, TX 75093**