

Broker/Agency Direct Deposit

Authorization Form

Complete and email to brokerchanges@copower.com
or fax to 650.348.1149



Broker/Agency Name:

Tax ID Number:

I authorize **CoPower** to initiate electronic credit entries each commission pay period and, if necessary, debit entries and adjustments for any credit entries in error to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Accountholder's Name:

Financial Institution:

Routing/ABA Number:

Account Number:

Financial Institution City, State & Zip:

Signature:

Date:

Print Name:

Title:

Attach Voided Check