## **Direct Deposit Authorization**



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(1 of 1)



This authorization request:  ☐ New ☐ Change ☐ Cancel	From which program do you ☐ California <i>Choice</i> ®	earn commission payments?  Choice Builder®	Both
Carrier / Agency / Broker Informa	ation		
Name	-	Fed	leral Tax ID # / Social Security #
Phone # (XXX) XXX-XXXX	E-Mail Address		
Bank Information	Bank Account T		A separate form is required for each bank account
Bank Name		Bar	nk Phone # (XXX) XXX-XXXX
Your Account #  Branch Address  City		Suit Stat	
I hereby authorize CHOICE Administrators® entries for deposit of net commission precessary, to initiate debit entries/adjustmen made in error to my account at the above relatitution.  This authorization will remain in effect Administrators has received written notification new account/financial institution has been desi	payments and if the text for any credits the text for any credit for a text	or a voided deposit  Where to locate your  etter Health Brokers 234 Producer Way nywhere, MD 20000  Da  NYTO THE RDER OF  NYTOWN BANK nytown, MD 20000  or  11234567891:0000	\$ DOLLARS
Signature	Print Name		Date (MM/DD/YYYY)
When completed, please return to:  Finance Customer Service CHOICE Administrators 721 South Parker, Suite 200 Orange, CA 92868 Phone: (714) 567-4390 E-Mail: commissions@calchoice.com Fax: (714) 972-7368			CHOICE Administrators Staff Use Broker # Date (MM/DD/YYYY)

CA 5218 11/2015

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