



## Authorization Agreement for Automatic Deposit

I (We) herby authorize Messer Financial to initiate Automated Clearing House credits and, if necessary, make debits for any entries made to my account in error.

### AGENT INFORMATION

Agent or Agency Name: \_\_\_\_\_

Social Security number/Tax ID number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please indicate transaction type:

Set-up  Change  Cancel \_\_\_\_\_

Please indicate type of account:

Checking  Savings \_\_\_\_\_

### FINANCIAL INFORMATION

Bank Name: \_\_\_\_\_

Bank City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank phone number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Bank routing number: \_\_\_\_\_

*(Please provide the nine-digit routing number on your check, not the deposit slip)*

This authorization will remain in force until written notification of termination or change is received by Messer Financial in such time and in such manner as to afford Messer Financial opportunity to act on it.

NOTE: Direct deposit set-up requires that the bank account and routing number must be verified for accuracy before any funds are transferred. For this reason, you may receive one or two commission checks that need to be cashed.

Print Name: \_\_\_\_\_

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

Complete and fax this form to Messer Financial at 800-319-5332

PLEASE INCLUDE A COPY OF A VOIDED CHECK