

Insurers Administrative Corporation offers direct deposit of your commission or service fees into your financial institution account. Direct deposit is quick, convenient and secure!

Step One: Complete the Direct Deposit Authorization Form below

Step Two: Attach a voided check or savings deposit slip to the authorization form. *(If depositing to a savings account, please ask your financial institution for the correct Routing/Transit Number for your savings account to ensure your commission is deposited correctly.)*

Step Three: Submit the direct Deposit Authorization Form and a voided check or savings deposit slip by mail, fax or e-mail:

Mail: IAC Agent Contracting Department, PO Box 35607, Phoenix, AZ 85069

Fax: (602) 906-4703

E-mail: agentcontracting@IACUSA.com

If you change financial institutions or open a new account in the future, please notify us immediately to avoid any delays in the direct deposit of your commission or service fees. **A written request along with a new voided check or deposit slip is required to change this information.**

The authorization below states that we may make debit entries to your account only in the rare case of a financial institution error or commission processing error. **We will NOT deduct debit balances from your account.**

Direct Deposit Authorization Form

Agent Name/Corporation Name: _____ Date: _____

Agent Number/Numbers (list all agent numbers used): _____

Social Security or Tax ID Number: _____

E-mail Address: _____

I authorize IAC to initiate electronic credit entries for commissions or service fees due. Debit entries will only be made in the rare case of an error either by the financial institution or IAC to correct a credit entry previously made or a commission processing error.

Checking account (attach a voided check and sign below)

Savings account (attach a savings deposit slip and verify with your bank your routing/transit number)

As of (insert date) _____, my financial institution information is as follows. In order to change this information in the future, I must submit a written request along with a new voided check or deposit slip.

Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Routing/Transit Number: _____ (9 digit number – verify with your financial institution)

Account Number: _____

This authorization will remain in effect until IAC has received written notice from me to change or cancel the direct deposit agreement. I agree to contact IAC in writing if I change financial institutions or the account for my deposits.

Signature: _____

Date: _____

**Short-term medical products and Secure DentalOne are not eligible for direct deposit.*