

**Professional Group Marketing, Inc.
Direct Deposit (ACH Credit)
& Electronic Commission Statement Program
Authorization / Change Form**

Required Information

Please complete this form with respect to whom the checks should be paid to and where checks & statements should be forwarded.

Broker Name: _____

Broker's Social Security Number: ____ / ____ / ____

Broker's Insurance License: _____

Broker's Email address: _____

Or

Agency Name: _____

Agency's Federal Tax ID Number: ____ - _____

Agency's Insurance License: _____

Agency's Email address: _____

Direct Deposit (ACH Credits) Program – Authorization Agreement

I (we) hereby authorize Professional Group Marketing, Inc., hereinafter called COMPANY, to initiate credit entries to the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Branch Name: _____

City, State Zip: _____

Select One Account

Type: ____ Checking ____ Savings

Routing #: _____

Account #: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signer: _____
(please print)

Date: ____ / ____ / ____ Signature: _____

Please forward a copy of a voided check from the account listed above to PGM.

**NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER
MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN
THE MANNER SPECIFIED IN THE AUTHORIZATION.**

