



Commission Direct Deposit Authorization Form

Directions:

1. Complete all the information requested below
2. Sign and date the form
3. Email the completed form and voided check to Convelo Insurance Group at accounting@conveloins.com.

Agency Name: _____

Federal Tax ID Number (FEIN): _____

Agency Email: _____

Agency Phone #: _____

Type of Account: Checking Savings

Name as it appears on Account: _____

Name of Financial Institution: _____

Account #: _____

Bank ABA/Routing #: _____

I authorize Convelo Insurance Group and its entities, and the financial institution named below, to automatically deposit earned commission to my account. This includes my authorization to you to reverse any entries made in error. I agree to indemnify the Company for any and all costs and expenses related to any inaccuracy, error or misrepresentation related to this request or any information contained in this form.

Name

Title

Signature

Date