

# Direct Deposit Enrollment Authorization Agreement

for Commission payments through BTIS | DirectPay



▶ Important note: Please forward this completed form only when you're ready to submit your first piece of business. All fields must be filled in completely before submitting.

▶ Email to BTIS Directpay at [BTISDirectPay@input1.com](mailto:BTISDirectPay@input1.com) or fax to **855-750-2303**.

## Agency/Principal Information

Date: \_\_\_\_\_ Agency Code #: \_\_\_\_\_ Agency Principal Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Bank Information

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

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_

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

I authorize BTIS DirectPay to deposit proceeds with the financial institution I have indicated. The financial institution is authorized to credit those funds to the account indicated. The authority will remain in effect until I have given 30 days written notice of its termination or until BTIS DirectPay or my financial institution has given me 10 days notice that this direct deposit has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

\_\_\_\_\_  
*Print Agency Principal Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Agency Principal Signature*