



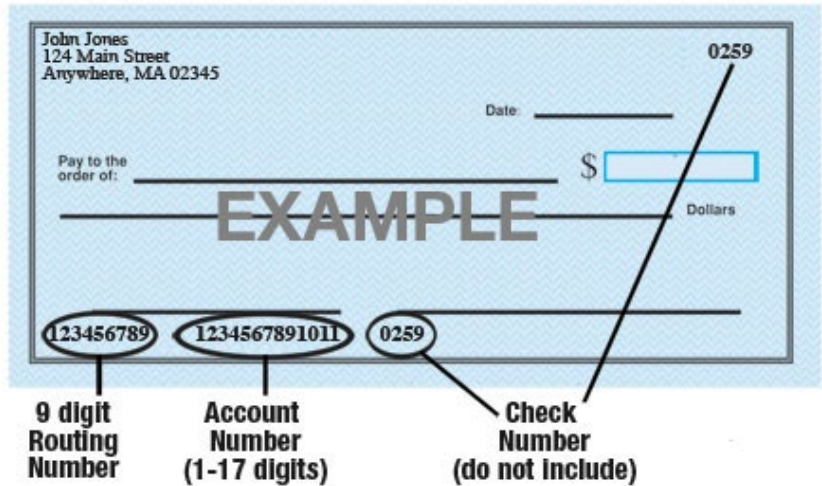
### DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Please print and complete ALL the information below.

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

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

City, State, Zip: \_\_\_\_\_



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

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Type of Account:      Checking      Savings (Circle One)

INSURANCE MANAGEMENT SERVICES is hereby authorized to initiate credit entries, to make adjustments on my behalf for any debit or credit entries in error directed to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: \_\_\_\_\_

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