# Direct Deposit Form

***Patriot Health is pleased to provide direct deposit of your commissions into your bank account***

**Directions**:

**1)Ensure entire form is complete, then sign and date**

* Use the ABA routing number from the state where your account was opened

**2)Fax or Email form to Naudia Mattocks. Fax to 516-576-9268 or Email to nmattocks@patriothealth.com**

Here are some of the ***benefits*** you will receive with our direct deposit program:

- *** Get your commissions fast**
- *** Funds are deposited in two to three business days**
- *** No more lost checks**
- *** No more trips to the bank to deposit checks**

**Direct Deposit Authorization**

Agent Name/Agency Name: _____

Company and Agent number/numbers: *(Please list all Companies and agent numbers this form applies to)*

_____

_____

Agent/Agency Address City State Zip

Account type _____ Checking _____ Savings

Account number _____

ABA Routing Number _____

I authorize Patriot Health to initiate electronic credit entries for commissions, or in the rare case to correct an erroneous credit entry made by either the bank or Patriot Health.

This authority will remain in effect until Patriot Health has received written notice from me. I agree to contact Patriot Health, in writing if I change banks or bank accounts for my deposits.

Signature: _____

Date: _____

If you change your banking information, please notify us immediately to avoid delays in your commission. Simply complete this form and we will update your banking information.

Your commission statement will be available online Tuesdays by 5 pm Est