



BROKER COMMISSION DIRECT DEPOSIT AGREEMENT

Please complete this form and return it with a copy of a voided check in order to be setup for direct deposit.

Please email to your marketing rep or to Hema at hguruprasad@simonagency.com.

Authorization Agreement

I hereby authorize **Simon Agency** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Simon Agency** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Simon Agency** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Simon Agency** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Billing Department.

Account Information

Brokerage Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Federal Tax ID: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Email Address for commission statement: _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Billing Department. This is required to complete direct deposit account set-up.

For any questions regarding commissions, please contact

Sue (If your agency starts with the letter "A" through L"):

smckenna@simonagency.com 516-214-8622

or Zidtra (If your agency starts with the letter "M" through Z"):

zpersaud@simonagency.com 516-214-8603