

# Direct Deposit Authorization

EQ Insurance Services through ADP

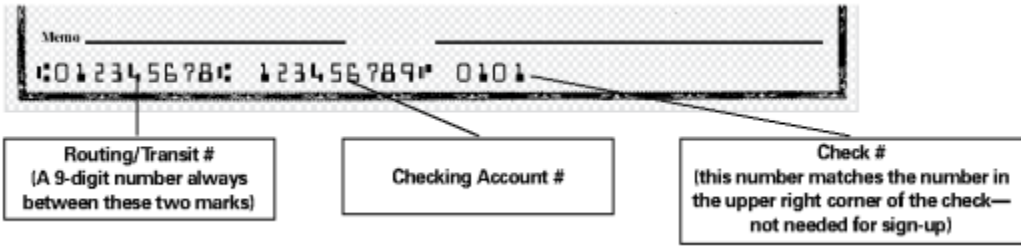


## Agent Information

Last Name	First Name
<input type="text"/>	<input type="text"/>
Taxpayer Identification Number	
<input type="text"/>	

## I. Bank Information\*

Bank Name	Account Type
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing/Transit Number. These are the nine digits to the left of your account number on the bottom of your check	
<input type="text"/>	
Account Number	
<input type="text"/>	



## Authorization Agreement for Direct Deposit

\*Please note, it can take up to 10 business days to process your direct deposit request and for you to begin receiving direct deposits.

*I hereby authorize EQ Insurance Services, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by EQ Insurance Services, either directly or through its payroll service provider, to my account.*

*This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford EQ Insurance Services and Bank reasonable opportunity to act on it.*

Signature	Date
<input type="text"/>	<input type="text"/>