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## Assignment of Commission / Direct Deposit Authorization

Complete this form and an IRS Form W-9 to assign commission payments from Neishloss & Fleming, LLC

### Part A: Personal Information

Agent / Agency Name: \_\_\_\_\_

Payee Information (as it appears on W9): \_\_\_\_\_

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

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

Tax ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Part B: Bank Account Information

Action (please indicate):

- Start Direct Deposit     Change Account Information     Stop Direct Deposit

Account Type (please indicate):

- Checking     Savings

**Please Attach A Voided Check**

Routing Number:

Account Number:

### Part C: Bank Account Holder(s) Signature(s)

I (we) give Neishloss & Fleming permission to automatically make commission payments to my (our) bank account. This authorization will remain in force unless I (we) cancel it or my (our) bank account is closed.

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

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_ / \_\_\_\_\_