


Request form for Direct ACH Deposit of Commissions

Please scan A) completed ACH form and B) voided check and email to commissions@nonstandarddi.com.

Your Information

Name	Your Agent Code - (Must be the same as Agent Code appearing on your regular commission statement.)
EMAIL ADDRESS WHERE YOU WOULD LIKE COMMISSION STATEMENTS TO BE SENT:	

Account Information for Commission ACH deposits

Bank Account Beneficiary / Owner	
Is the bank account beneficiary/owner you entered above, different <u>from</u> the Payee appearing on your regular paper commission checks? <input type="checkbox"/> yes <input type="checkbox"/> no	
Bank Name (must be a US bank name) <input type="checkbox"/> Checking account or <input type="checkbox"/> Saving account	
Please Attach scan of voided check and enter routing number and account number	
Routing # <input type="text"/>	
Account # <input type="text"/>	Routing # Account #

IMPORTANT: Please allow approximately 2 cycles for processing. Once enrolled,

- 1) Commission statement will be sent via email to the email indicated above from:
commissions@nonstandarddi.com
- 2) You will receive deposits of any commission due in the bank account indicated above from:
"Risk Insurance"

I authorize Risk Insurance and Reinsurance Solutions to deposit commission payments directly to the account named above when appropriate and due. I authorize Risk Insurance and Reinsurance Solutions to adjust this account for any funds erroneously credited. This authorization shall remain in effect until Risk Insurance and Reinsurance Solutions receive, and has reasonable opportunity to act upon, written notification from me of its termination.

Signature: _____
Name: _____
Phone Number: _____
Date: _____

