



AUTHORIZATION AGREEMENT for Automatic Deposits and Electronic Statements

Please complete all sections completely:

Agency Information

Agent or Agency Name: _____

Agent SSN or Agency Tax ID: _____

Banking Information

Depository/Bank Name: _____

Routing/ABA#: _____

Account#: _____

Account Type: Checking Savings

Secure Statement Email: You must choose one agent to receive electronic statements from PIPAC via secure email.

Designated Agent Name _____

Designated Agent's email address _____

I (we) hereby authorize Professional Insurance Planners and Consultants of Iowa (PIPAC) to:

- I. Initiate credit entries to my (our) account and depository named below, hereinafter called Depository.
- II. Deliver monthly commission statements via secure email from noreply@pipac.com effective the date this form is returned and processed by PIPAC. I (we) understand only one agent per agency can be authorized to receive this information. Statements are emailed one day prior to the last business day of each month.

This authority is to remain in full force and effect until Professional Insurance Planners and Consultants of Iowa has received written notification from the signee listed below of its termination before the fifteenth of the month of termination in such manner as to afford PIPAC and Depository a reasonable opportunity to act on it. ***Please fax or text a voided check to 319-268-7110 or email to commissions@pipac.com to ensure proper allocation of funds.***

Name (Print) _____

Signature: _____ Date: _____