



Phone: 602.631.2300
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3030 N 3rd Street | Phoenix AZ 85012-3068
copperpoint.com

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize CopperPoint Insurance Companies to initiate automatic commission deposits to the agency's identified account at the financial institution named below. I agree not to hold CopperPoint Insurance Companies responsible for any delay or loss of funds due to incorrect or incomplete information supplied by the agency or by the noted financial institution or due to an error on the part of the financial institution in depositing funds to this account.

This agreement will remain in effect until CopperPoint Insurance Companies receives a written notice of cancellation by the agency or its financial institution, or until a new direct deposit form is submitted to the Commission Department and processed (allow up to 30 days for changes to be implemented).

ACCOUNT INFORMATION

Financial Institution: _____

Routing Number: _____

Bank Account Number: _____

SIGNATURE

Agency Name: _____

Authorized Signature: _____

Title: _____ Date: _____

Please return this form to:
CopperPoint Insurance Companies
Attn: Commission Department
3030 N 3rd Street | Phoenix AZ | 85012-3068
Or email signed copy to jlawson@copperpoint.com