



# AUTHORIZATION FOR DIRECT DEPOSIT OF COMMISSION

**NEW ENROLLMENT**      Producer Code: \_\_\_\_\_

**CHANGE** - Reason for change: \_\_\_\_\_

## PRODUCER INFORMATION

PRODUCER NAME

PRODUCER ADDRESS	CITY	STATE	COUNTY	ZIP
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PHONE#	FAX#	EMAIL
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CONTACT PERSON

Please note: this email address will receive payment transaction and password information.

I/we (PRODUCER) hereby authorize PacStar General Insurance Agency, Inc. (PACSTAR), to initiate debit entries to our Producer Trust Account indicated below at the depository financial institution (DEPOSITORY) named below and to debit the same to such account. We acknowledge that the origination of ACH transactions to our account must comply with the provision of California law. This authorization is to remain in full force and effect until PACSTAR has received written notification of its termination in such time and in such manner as to afford PACSTAR and DEPOSITORY a reasonable opportunity to act on it.

## FINANCIAL INSTITUTION (DEPOSITORY)

BANK NAME	BRANCH	CITY	STATE	ZIP
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ACCOUNT NAME	ROUTING NUMBER	ACCOUNT NUMBER
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AUTHORIZED SIGNATURE	PRINT NAME	DATE	TITLE
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### FOR OFFICE USE ONLY:

Input by: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT: PLEASE ATTACH A VOIDED CHECK

Fax completed form and any attachments to (858) 790-3355 or email to [marketing@pacstargeneral.com](mailto:marketing@pacstargeneral.com).