

Please complete the Electronic Funds Transfer Form to begin receiving your commissions via direct deposit.  
This form must be completed to receive any commissions payable by BenefitMall.

**BROKER INFORMATION**

Broker Name and Agency Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION**

Broker commissions distributed through BenefitMall are only distributed via direct deposit. Please provide the following required information:

- **Voided Check:** Please include a copy of a voided check.
- **Nine-Digit Routing / ABA Number:** Please verify with the financial institution that you have the correct nine-digit routing / ABA number.
- **Email Address:** Please note that a commission contact's email address is required to receive monthly commission payments. Your statements will only be retrievable through the Broker Workspace. You will be required to set up a PIN code to access secure statements.

Depository Name: \_\_\_\_\_  New  Change  
Social Security #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing / ABA #: \_\_\_\_\_  Checking  Savings Account #: \_\_\_\_\_

**REQUIRED:** Email address to receive commissions notifications: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER**

I hereby authorize BenefitMall to deposit my earnings (credits) entries to my checking / savings account(s) indicated above. This authorization will remain in effect as long as I remain eligible unless I (we) notify BenefitMall in writing that the authorization is terminated.

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

**PLEASE SUBMIT YOUR COMPLETED FORM AND VOIDED CHECK VIA EMAIL TO:  
Robyn Keefe at [Robyn.Keefe@BenefitMall.com](mailto:Robyn.Keefe@BenefitMall.com)**