



Agency Direct Deposit Authorization

Important: This form must be returned to Apollo Managing General Agency, LLC. And its affiliates before automatic deposit of commissions can be initiated. A copy of a “Void” check must accompany this form to be completed.

Apollo Managing General Agency is hereby authorized to present credit items of any amount on the agency’s account indicated below. This authorization, when completed, constitutes compliance with NACHA.ACH rules.

The authority is to remain in effect until Apollo Managing General Agency has received written notification of its termination in such time and manner as to afford Apollo and the financial institute a reasonable opportunity to act on it.

Any changes to the account mentioned below will require completion of new forms and a “VOID” check copy.

Agency Name

Agent Number

Agency Contact

Agency Phone Number

Bank Information

Bank Name

Bank Phone Number

Bank Address

City, State and Zip Code

Title of Bank Account

Routing Number

Account Number

Account Owners Signature

Date

Attach “VOID” Check