



Agency Direct Deposit Authorization

Important: This form must be returned to The Apollo Group before automatic deposit of commissions can be initiated. A copy of a "Void" check must accompany this form to be completed.

The Apollo Group 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 The Apollo Group has received written notification of its termination in such time and manner as to afford The Apollo Group and the financial institute a reasonable opportunity to act on it.

Note: Forms submitted without a "Voided" check will not be processed.

Effective Date of Change: _____

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