



CBIZ Life Insurance Solutions, Inc.

10616 Scripps Summit Ct, Suite 210

San Diego, CA 92131

P: 800.422.7536 | F: 858.444.3157

CA Agency License Number: OD48057

www.cbizlife.com

ACH PAYMENT AUTHORIZATION FORM

Electronic Transfer

Agent Name: _____

Agent Email (Required): _____

<p>Bank Name: _____</p> <p>Bank Address: _____ _____ _____</p> <p>Routing Number (9 digit ABA#): _____</p> <p>Account Number: _____</p> <p>Name as it appears on the account: _____</p> <p>Signature: _____ Date: _____</p>
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Please complete this form, attach a copy of a voided check, and return it to CBIZ Life Insurance Solutions Commissions Department by one of the following three ways:

Mail to: 10616 Scripps Summit Court, Suite 210, San Diego, CA 92131

Fax to: 858.444.3157 (Attention Commissions)

Email: CLIScomp@cbiz.com

Please attach a voided check.