

## AGENCY SERVICES EFT ENROLLMENT

I want to customize the payment of my commission dollars with Electronic Funds Transfer and secure Commission Statement access.

I understand all earnings for all Symetra IDs associated with the SSN and/or Tax ID numbers provided below will be processed according to the following instructions. **PLEASE COMPLETE ALL INFORMATION.**

Agent/Agency Name \_\_\_\_\_

Agent/Agency E-mail Address \_\_\_\_\_

Last 4 Digits of Tax ID \_\_\_\_\_ Agent/Agency Symetra ID \_\_\_\_\_

Principal/Owner Name \_\_\_\_\_ Principal/Owner Signature \_\_\_\_\_

### **Pay Frequency**

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Quarterly

### **Bank Account Information – PLEASE INCLUDE A COPY OF A VOIDED CHECK (do not use a deposit slip)**

Financial Institution Name: \_\_\_\_\_

Account Name \_\_\_\_\_

Account Type: ☐ Checking

☐ Savings

Bank Routing Number (9 digits)

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Account Number

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The diagram shows a check with the following fields labeled:

- Your Name (212) 555-5555
- Your Street
- Your City, State 55555
- Pay to the order of \_\_\_\_\_
- \$ \_\_\_\_\_ Dollars
- Your bank name
- Your bank address
- Bank Routing Number (123456789)
- Account Number (123456789012)
- Check Number (124)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to the following:

I authorize Symetra and its subsidiaries to deposit commission earnings automatically to the account specified above as they become due and payable, by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named above to credit the same to my account. This authority will remain in effect until Symetra has received written notice from me of its cancellation in such time and manner as to afford Symetra and the financial institution reasonable opportunity to act on it.

Further, I understand service charges may be associated with my account and I should contact my financial institution to determine these charges. I also understand that Symetra and its subsidiaries is not responsible, in any way, for these service charges.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_