



# The Philadelphia Contributionship

DEPENDABLE INSURANCE PARTNERS SINCE 1752

## ACH Commission Authorization and Information Policy Payment Sweep Authorization and Information

Name of Agency: \_\_\_\_\_ Tax ID/FEIN: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Email: \_\_\_\_\_

### ACH Commission Authorization and Information

*This form is used for Automated Clearing House (ACH) payments by The Philadelphia Contributionship Insurance Company. By providing the requested information below, your monthly commission payment(s) will be automatically credited to your account. Leave this section blank if you would like commission payments to be mailed via check.*

Bank Name: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Nine Digit Routing Number: \_\_\_\_ \_

Type of Account:

Account Number: \_\_\_\_\_

Checking

Savings

### Policy Payment Sweep Authorization and Information

*This form is used for Automated Clearing House (ACH) sweep payments to The Philadelphia Contributionship Insurance Company on behalf of your agency's client(s). By providing the requested information below, policy payment(s) will be automatically debited from your account. Leave this section blank if you would not like ACH Sweep information to show for your agency.*

Bank Name: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Nine Digit Routing Number: \_\_\_\_ \_

Type of Account:

Account Number: \_\_\_\_\_

Checking

Savings

**PERSONAL AND CONFIDENTIAL**

Principal Signature: \_\_\_\_\_