



## AUTHORIZATION FOR DIRECT DEPOSIT OF DIRECT BILL COMMISSIONS

AGENCY NAME	AGENCY ID
STREET ADDRESS	
CITY, STATE, ZIP CODE	
CONTACT	CONTACT PHONE NUMBER
EMAIL ADDRESS FOR PAYMENT DOCUMENTATION	

### FINANCIAL INSTITUTION INFORMATION FOR DIRECT DEPOSIT

NAME OF BANK/FINANCIAL INSTITUTION		
BANK ADDRESS		
BANK CONTACT	BANK TELEPHONE NUMBER	
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
ACCOUNT NUMBER		
NINE-DIGIT ROUTING NUMBER		

I authorize Russell Bond & Co to deposit any amounts owed me by initiating credit entries to my account at the bank or financial institution indicated on this form. I agree to notify Russell Bond & Co., Inc within 10 days to any changes in my direct deposit account or email address. Any such changes shall be provided in writing and sent to the Accounting Department at Russell Bond & Co.

AUTHORIZED SIGNATURE	DATE
TITLE	