



The Sheffield Group
Your Workers' Compensation Specialists

Authorization of Payment/Direct Deposit

Agency Information

Name: _____

Address: _____

Accts Receivable

Contact Name: _____

Contact Telephone: _____ Fax _____

Email: _____

Bank Information:

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Bank Account Number: _____

Transit Number: _____

Checking

I have attached a check marked void

As a convenience to me I authorize The Sheffield Group and my banking institution to deposit the commission amount directly to my bank account. I realize the amount will change monthly depending on premiums paid, audit refunds, etc. I agree that the rights with respect to each such debit will be the same as if it were personally executed by me.

Authorized Signature as Shown on Account

Date