



## Direct Deposit

Please fill out the form below and attach a voided check from the account you would like your commissions directly deposited. **Fax this completed form to 619.881.8787, Attn: Premium Accounting.**

AGENCY INFORMATION	
Agency Name:	Tax ID Number:
Phone Number:	Fax Number:
Contact Name:	Email:
Bank Account Number:	
Bank Routing Number:	
Bank Phone Number:	

PLEASE PROVIDE ALL OF YOUR ARROWHEAD PRODUCER CODES			
PRODUCER CODE(S):	1.	3.	5.
	2.	4.	6.

Program(s) set up with Direct Deposit:

<input type="checkbox"/> Personal Auto	<input type="checkbox"/> Personal Motorcycle	<input type="checkbox"/> Personal Property
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Please note the funds are deposited into your account on the **7<sup>th</sup> business day of the month.**

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential Earthquake
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Please note the funds are deposited into your account on the **10<sup>th</sup> business day of the month.**

<input type="checkbox"/> Workers' Compensation
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Please note the funds are deposited into your account on the **20<sup>th</sup> business day of the month.**

**ATTACH COPY OF VOIDED CHECK HERE**