

BROKER INFORMATION

PayeeName: _____ AGB Username: _____
Telephone: _____ Tax ID: _____ Fax: _____
E-Mail: _____
Mailing Address: _____

BANK INFORMATION

Bank Name: _____
Business Address: _____

Routing Number: _____ Bank Phone: _____
Account Number: _____ Type: Checking (Attach voided blank check)

I hereby authorize Cornerstone Broker Insurance Services Agency (CBISA) to deposit my commission check via electronic fund transfer (EFT) into the account indicated above. If funds to which I am not entitled are deposited into this account, I authorize CBISA to direct the bank to return said funds without responsibility for the correctness thereof. I will not hold CBISA responsible for delay, loss, or misapplication of funds due to incorrect or incomplete information supplied by me or my depository, or failure of my depository to correctly credit/debit my account.

This authority will remain in effect until written notification of termination or change is received by CBISA or upon issuance of written notice from CBISA.

Signature: _____ Date: _____
Name: _____ Title: _____

PLEASE FORWARD COMPLETED FORM TO:
CBISA COMMISSIONS DEPARTMENT, 2101 FLORENCE AVENUE, CINCINNATI, OH 45206
FAX: 513-629-9367 OR E-MAIL: COMMISSIONS@CRNSTONE.COM

