Direct Deposit Authorization

CaliforniaChoice® Your Health. Your Choice.® ChoiceBuilder®

This authorization request:
☐ New ☐ Change ☐ Cancel

From which program do you earn commission payments?
☐ CaliforniaChoice® ☐ ChoiceBuilder® ☐ Both

Carrier / Agency / Broker Information

Name

Federal Tax ID # / Social Security #

Phone # (XXX) XXX-XXXX

E-mail Address

Bank Information

Bank Account Type: ☐ Checking ☐ Savings

Bank Name

Bank Phone # (XXX) XXX-XXXX

Your Account #

Bank Routing #

Branch Address

Suite

City

State

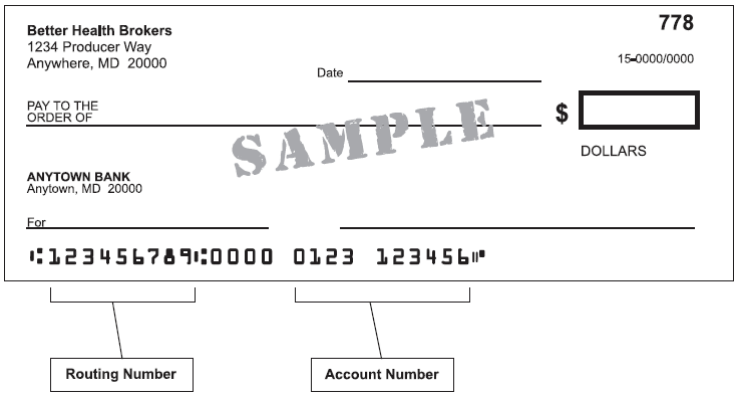
ZIP Code

I hereby authorize CHOICE Administrators® to initiate credit entries for deposit of net commission payments.

This authorization will remain in effect until CHOICE Administrators has received written notification to terminate or a new account/financial institution has been designated.

Please attach a voided check

Where to locate your bank account information:



Signature

Print Name

Date (MM/DD/YYYY)

When completed, please return to:

Finance Customer Service
CHOICE Administrators
721 South Parker, Suite 200
Orange, CA 92868
Phone: (714) 567-4390
E-mail: commissions@calchoice.com
Fax: (714) 908-3519

www.choiceadmin.com

CHOICE Administrators Staff Use

Broker #

Date (MM/DD/YYYY)

Validate My Form

30075

CA 5218 3/2021
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License # 0N14196 – ChoiceBuilder Insurance Services