Direct Deposit Authorization

CaliforniaChoice® Your Health. Your Choice.®

CHOICE BUILDER®

This authorization request:
☐ New ☐ Change ☐ Cancel

From which program do you earn commission payments?
☐ California*Choice*® ☐ Choice Builder® ☐ 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

A separate form is required for each bank account

Bank Name

Bank Phone # (XXX) XXX-XXXX

Your Account #

Bank Routing #

Branch Address

Suite

City

State

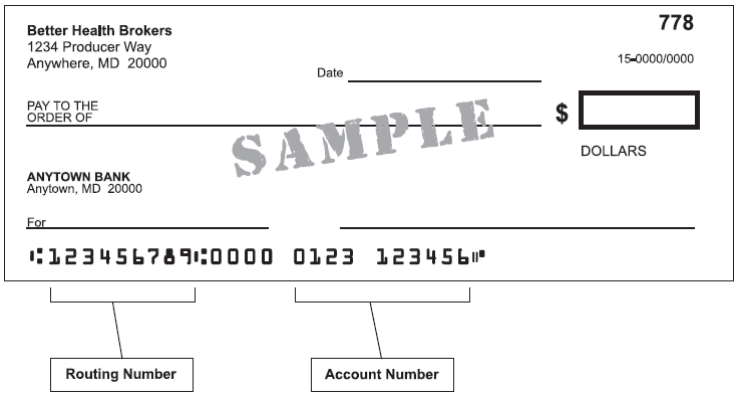
ZIP Code

I hereby authorize CHOICE Administrators® to initiate credit entries for deposit of net commission payments and if necessary, to initiate debit entries/adjustments for any credits made in error to my account at the above named Depository Institution.

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)

44393

CA 5218 5/2019