



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Business Underwriters Associates** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Business Underwriters Associates** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Business Underwriters Associates** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Business Underwriters Associates** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to **Business Underwriters associates**.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking
☐

Savings
☐

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Required email for
Commissions: _____ Date: _____

Please attach a voided check or deposit slip and return this form to Dawn@buaweb.com or
Fax to 330-576-1104