



**Broker Commission Direct Deposit Authorization Form**

The undersigned accepts the Terms of Authorization.  
On behalf of the Broker/Agency, I authorize Western Health Advantage ("WHA") to commence direct deposits into the designated Bank and account.

**New EFT Authorization**

**Revision to Current Authorization**

**Section 1 - BROKER/AGENCY INFORMATION**

Broker/Agency Name \_\_\_\_\_  
Broker/Agency Email Address \_\_\_\_\_  
WHA Broker/Agency Identification \_\_\_\_\_  
Social Security/Tax ID (TIN) \_\_\_\_\_  
Broker/Agency Telephone Number \_\_\_\_\_  
Broker/Agency Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact Email Address \_\_\_\_\_

**Section 2 - BANKING INFORMATION**

Bank Name (Receiving Bank) \_\_\_\_\_  
Bank City/State/Zip \_\_\_\_\_  
Name on Bank Account \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_  
Bank Account Number \_\_\_\_\_

**Please attach a copy of a voided check to this request, if a voided check is not included, your commission payment will continue to be by paper check.**

**Section 3 - TERMS OF AUTHORIZATION**

Broker/Agency authorizes WHA to deposit commission payments into the bank and account indicated above. This authorization will remain in full force and effect until WHA has received written notification to terminate the authorization. WHA has the authority to discontinue the direct deposit service with a 30 day advance notice of such termination.

Broker/Agency is solely responsible for any service charges assessed by the receiving bank, and understands that the Broker/Agency should contact its bank to determine if any service charges are associated with the electronic transfer of commission payments.

If for any reason the bank or account changes, it is agreed that it is the sole responsibility of Broker/Agency to provide WHA with written notification 30 days in advance of the change. WHA will not be responsible for any direct, incidental or consequential damages, including but not limited to non-sufficient funds charges, related to the inability to deposit the commission payments due to a change in bank, an account change, or any technical issues outside WHA's control.

Broker/Agency grants WHA the right to initiate adjustments to recoup any funds which are deposited in error or to which the Broker/Agency is not entitled.

Allow 30 days for commission direct deposits, changes in bank and changes in account to become effective.

**BROKER/AGENCY SIGNATURE FOR AUTHORIZATION**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Attach a voided check to this form and mail to:  
Western Health Advantage  
Attn: Manager, Financial Reporting  
2349 Gateway Oaks Drive, Ste 100  
Sacramento, CA 95833**