

WMC INSURANCE SERVICES, INC.

DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Full Service Direct Deposit, simply complete **this form** and attach a *Voided Check* for the account in which to deposit. *If depositing to a savings account, ask your bank to give you the Routing - Transit Number for your account.* It is not always the same as the number used for Checking Accounts nor the same on a deposit saving slip.

Name: _____

Social Security #: _____

Please sign in ink. I hereby authorize WMC Insurance Services to deposit any amount owed to me, as instructed by my insurance GA Agency above, by initiating credit entries to my account at the financial institution [hereinafter, "Bank"] indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by WMC Insurance Services to my account. In the event that WMC Insurance Services deposits funds erroneously into my account, I authorize WMC Insurance Services to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until WMC Insurance Services and Bank have received written notice from me of its termination in such time and in such manner as to afford WMC Insurance Services and Bank reasonable opportunity to act on it.

Signature: _____ **Date:** _____

ACCOUNT INFORMATION: Entire Amount into: Checking _____ Savings _____ Other _____

Bank Name _____

City/State/Zip: _____

Routing/Transit # [lower left-hand corner on check below memo, consist of 9 digits]

Account #: [9 digit number located in middle of check]

COPY OF VOIDED CHECK

Attention Payroll Manger:

Employers must keep each original employee enrollment form on file as long as the employee/contracted is using FSDD and for two years thereafter.