



INDEPENDENT PRODUCER COMMISSION DIRECT DEPOSIT AUTHORIZATION FORM

INSTRUCTIONS: Please use only black or blue ink. Initial any corrections.

Part I: TYPE OF ACTION (Please select one of the options)

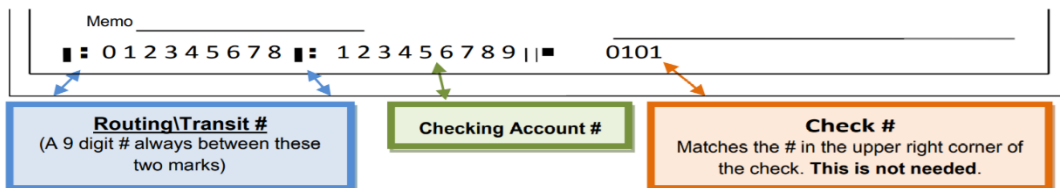
<input type="checkbox"/>	New direct deposit authorization (Complete part II, III & IV)
<input type="checkbox"/>	Change financial institution and/or bank account (Complete part II, III & IV)
<input type="checkbox"/>	Cancellation of direct deposit (Complete part II and V)

Part II: PAYEE INFORMATION

Name	
Mailing Address	
City, State & Zip	
Phone number	

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution Name	
City and state	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing/Transit #	
Account Number	



Please include voided check with this form

PART IV: AUTHORIZATION FOR NEW OF CHANGED ACCOUNTS

I authorized Clever Care Health Plan (CCHP) and my financial institution indicated above to make deposits to my account. If funds to which I am not entitled are deposited to my account, I authorize CCHP to direct the financial institution to return such funds and notify me. This authorization will remain in effect until CCHP receives a new authorization from me either changing or cancelling this authorization.

Authorization Signature	
Printed name	
Date	

PART V: AUTHORIZATION FOR NEW OF CHANGED ACCOUNTS

I request that Clever Care Health Plan (CCHP) and my financial institution indicated above terminate direct deposits to my account. I understand that it may take 30 days for the cancellation to take effect.

Authorization Signature	
Printed name	
Date	