Direct Deposit Authorization

CaliforniaChoice
Your Health. Your Choice.®

CaliforniaChoice **51+**
Your Health. Your Choice.®

KAISER PERMANENTE CHOICE SOLUTION
A *CHOICE* Administrators® Program

This authorization request:
❑ New ❑ Change ❑ Cancel

From which program do you earn commission payments?
❑ California*Choice* ❑ California*Choice* ***51+*** ❑ Kaiser Permanente Choice Solution ❑ All

Carrier Information

Carrier Name

Tax ID Number

Phone Number

Email

Bank Information

Bank Account Type: ❑ Checking ❑ Savings

A separate form is required for each bank account

Bank Name

Bank Telephone Number

Your Account Number

Bank Routing Number

Branch Address

City

State

Zip

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.

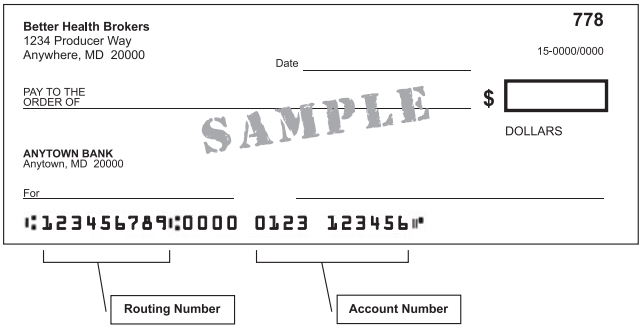
Broker Signature

Date

Print Name

Please attach a voided check for checking accounts or a voided deposit slip for savings accounts

Where to locate your bank account information:



When completed, please return to:

CHOICE Administrators
Attn: Finance Dept.
721 South Parker, Suite 200
Orange, CA 92868
Fax: (714) 835-3084

***Choice* Administrators Staff Use**

Carrier #

Date