



Southeast Region

AUTHORIZATION FOR DIRECT DEPOSIT

Agency Code: _____

Agency Name: _____

Accounting Contact: _____ Phone: (____) _____

Email: _____ (For Deposit Notification/Commission Statement)

It is at your discretion to attach a voided check/deposit slip as we do not require it for processing.
A teammate from Bridge Specialty will call to verify the financial information.

Financial Institution: _____

Name on Account: _____

Account #: _____ Checking Savings

Transit/Routing (ABA) Number: _____ (Must be 9 digits)
(First number on the bottom of check)

“Agency” hereby authorizes Bridge Specialty Group, (hereinafter referred to as "Bridge Specialty"), to initiate credit entries into the indicated account with the Financial Institution noted above. This authority is to remain in full force until Bridge Specialty has received written notification from “Agency” of its termination or change in such time and such manner as to afford Bridge Specialty and the Financial Institution a reasonable opportunity to act on it. In the event that Bridge Specialty deposits funds erroneously into “Agency” account, “Agency” authorizes Bridge Specialty to debit “Agency” account for an amount not to exceed the original amount of the credit. Bridge Specialty reserves the right to terminate this agreement at any time. It is understood that this agreement is for payment of commissions.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Email the completed form to jlumbert@bridgespecialty.com

Bridge Specialty Group-SE Region
970 Lake Carillon Drive, Suite 200
St Petersburg, FL 33716
866-417-4855
www.bridgespecialty.com

Date Verified: _____ Number Called: _____ Verified With: _____ Signature: _____