

AGENCY INFORMATION FORM

Please Submit with Agent Agreement

AGENCY _____ **EIN#** _____

Address (Physical) _____ **City** _____ **State** _____ **Zip** _____

Address (Mailing) _____ **City** _____ **State** _____ **Zip** _____

Office Number _____ **Fax** _____

Agency Principal _____ **Phone#** _____ **Email** _____

Office Controller _____ **Phone#** _____ **Email** _____

Agency Member _____ **Title** _____

Phone# _____ **Email** _____

Agency Member _____ **Title** _____

Phone# _____ **Email** _____

Agency Member _____ **Title** _____

Phone# _____ **Email** _____

Agency Member _____ **Title** _____

Phone# _____ **Email** _____

Agency Member _____ **Title** _____

Phone# _____ **Email** _____

Agency Member _____ **Title** _____

Phone# _____ **Email** _____

AGENT COMMISSION PREFERENCES

15TH OF EVERY MONTH

LAST DAY OF THE MONTH

(Please check one)

CHECK **DIRECT DEPOSIT**

(Please check one)

Examples ▶

OCTOBER CONTRACTS

received from November 1st-30th (*last day of month*)
will be paid on the 15th of the following month (*December 15th*)

OCTOBER CONTRACTS

received from November 11th-December 10th
will be paid on the last day of the month (*December 31st*)