



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: \_\_\_\_\_

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: \_\_\_\_\_