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Post Office Box 1303
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FUBAWorkersComp.com

AUTHORIZATION FOR DIRECT DEPOSIT OF AGENCY COMMISSION

The agency authorizes FUBA Workers' Comp and the financial institution named below to initiate deposits of commission to the account listed below. This authority will remain in effect until the agency notifies FUBA Workers' Comp in writing to cancel it.

Agency Name _____

Agency Address _____
PO Box or Street Address City, State Zip

Name and email address of agency employee to receive commission statements:

Bank Name _____

Bank Address _____
PO Box or Street Address City, State Zip

Account No. _____
Please choose one: Checking Savings

Routing No. _____

Authorized Signature

Date