



888-262-4483
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Post Office Box 1303
Tallahassee, FL 32302
FUBAWorkersComp.com

AUTHORIZATION FOR DIRECT DEPOSIT OF AGENCY COMMISSION

I authorize FUBA Workers' Comp and the financial institution named below to initiate deposits to the account listed below. This authority will remain in effect until I notify FUBA Workers' Comp in writing to cancel it.

Agency Name _____

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

Name of agency contact to receive statements _____

Email address of contact _____

Financial Institution _____

Address of above _____
PO Box or Street Address City, State Zip

Account No. _____
(Please circle one – Checking OR Savings)

Routing No. _____

Authorized Signature

Date