



CareScout Insurance Company  
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# Electronic Funds Transfer (EFT) Authorization

for Commission Payments for All Producer Codes  
for **CareScout Insurance Company**

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- Please check your banking statements for payment activity after signing up for EFT.
- This authorization applies to CareScout Insurance Company and all representative codes under the SSN/TIN listed below. CareScout Insurance Company is referred to as “we”, “us”, and “our” in this authorization.

## Type of Request

Select one: ☐ New request ☐ Change to existing EFT authorization

## Representative (Account Owner) Information

If EFT change is for both Corporation and Officer, please list both.

All payments will be reported to the IRS using the Producer or Agency's Tax ID.

Payee Name

•

Payee Email address

•

Social Security

•

Business Tax I.D. Number

•

## EFT Information

You may either attach a voided bank check or complete all information in this section as it appears on your check.

Account Holder

•

Institution Name for Deposit

•

Routing Number

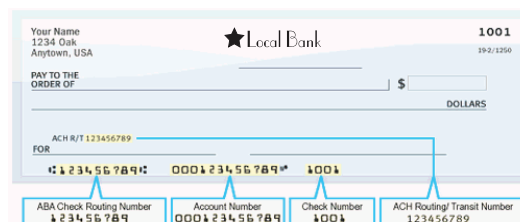
Checking Account number

•

This is an example of a personal check. A business check may be different.



EFT is NOT available to saving accounts.



## Authorization and Signature *Signature and date are required below*

A Title is required when signing on behalf of an Entity.

For a list of acceptable titles, please visit [www.CareScout.com/LC](http://www.CareScout.com/LC).

### EFT authorization

You (the account owner or company representative) authorize us to automatically transfer funds to your checking account. Additionally, you authorize the named institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate this authorization.

Signature of bank account owner

Title (required if signing for an entity)

Date



X

Print name

•