Affordable Health Insurance Agency, LLC.
Kevin Truebenbach
Specialist In Health/Life Insurance, Critical Illness, Medicare Supplements, & Long Term Care

Direct Deposit Instructions

Fill out the Form, Sign and Date. Fax back to Vicky: 262-821-0508

Must Attach a voided Check for the account you want the money to be deposited in.

If you have a business name on the Check, you must fill out the form with your Business name. This is the only way Paychex can confirm the account.

If you want money to be deposited into a Savings account you will need to get a letter from the bank with the Routing and Account Number. Attach that with this form!

All Commissions over $100 dollars will be Direct Deposited NO LATER THEN the 11th of each month.

My goal is to have the money into your Account on the 11th of Each Month. Your Statement will be faxed to you. So please include what fax number you want us to send your statements to. If you do not have a 24 hour working fax number go to www.K7.net and get a free incoming fax number. The fax will come right into your e-mail. Email me your fax number you want on file. Keep in Mind some companies that Advance do not release commissions until the 12th. If that is the case, an email will be sent out notifying you that your commissions will be in your account on the 12th. Once again my goal is to have the money in your account on the 11th of each month.

Any Questions feel free to call or email me at sales@etruehealth.com
262-784-7344 x11

Thanks,

Kevin Truebenbach

17100 W. Bluemound Road, Suite #202 • Brookfield, WI 53005 • Phone: (262) 784-7344 • Fax: (262) 821-0508 • Email: sales@etruehealth.com • www.etruehealth.com

Paychex Use Only
Client Number _____
Worker Number _____
PRS _____
Date _____
Verified By _____

PAYCHEX

Direct Deposit/Access Card Change Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit, Access Card, or both sections to change your existing payroll information.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
2. Return this form to your local Paychex office.

WORKER - Required Information

PLEASE PRINT

Worker Name _____

Social Security Number ___ - ___ - ____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

EMPLOYER - Required Information

PLEASE PRINT

Company Name Affordable Health Ins. Agency, LLC

Office/Client Number C342

Federal ID Number 20-2688785

Complete for DIRECT DEPOSIT

Bank Account #1

☐ Checking ☐ Savings

Account Number* _____

Bank Name _____

☐ Remove From Direct Deposit

OR

Change My Deposit Amount To:

☐ Entire Net Pay

☐ _____ % of Net

☐ Specific Dollar Amount $ _____.00

Bank Account #2

☐ Checking ☐ Savings

Account Number* _____

Bank Name _____

☐ Remove From Direct Deposit

OR

Change My Deposit Amount To:

☐ Entire Net Pay

☐ _____ % of Net

☐ Specific Dollar Amount $ _____.00

Bank Account #3

☐ Checking ☐ Savings

Account Number* _____

Bank Name _____

☐ Remove From Direct Deposit

OR

Change My Deposit Amount To:

☐ Entire Net Pay

☐ _____ % of Net

☐ Specific Dollar Amount $ _____.00

* If your bank account number has changed, you must provide a voided check or bank specification sheet.

Complete for ACCESS CARD

Last 8 digits appearing on card (required) _____

1. ☐ Change My Name (a new card will be created)

PLEASE PRINT

Old Name _____

New Name _____

2. ☐ Change My Address and/or Phone Number

PLEASE PRINT

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone (___) ___ - ____

3. ☐ Add Another Person to My Account

PLEASE PRINT

Additional Cardholder Name _____

Additional Cardholder SS# ___ - ___ - ____

4. ☐ Change My Deposit Amount To:

☐ Entire Net Pay

☐ _____ % of Net

☐ Specific Dollar Amount $ _____.00

5. ☐ Close My Account

Note: All cards with the same name and social security number will be affected by this change.

Worker Signature _____ **Date** ___ / ___ / ___ **Return this original form to your employer.**

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature X _____

(If worker doesn't have authority to authorize deposits to the accountholder's account.)