

**Affordable Health Insurance Agency, LLC.**

**Kevin Truebenbach**

*Specialist In Health/Life Insurance, Critical Illness, Medicare Supplements, & Long Term Care*



**Direct Deposit Instructions**

Fill out these 2 pages (use this as fax cover sheet) Fax to 262-821-0508 Attn: Vicky

Agent Info Sheet Please fill out:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full Social Security or TAX ID: \_\_\_\_\_

Email address for commission statements: \_\_\_\_\_

**Must Attach a voided Check for the account you want the money to be deposited in. The name on the account must match the name on the Paychex form, then sign & date.**

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.

Example: ABC Insurance Agency is on the check, you would put this name on the Paychex form under the "worker name". A deposit form does NOT work, must be check.

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 11<sup>th</sup> of each month. If your commissions are below \$100 dollars, that money will be carried over for the next month.*

My goal is to have the money into your Account on the 11<sup>th</sup> of Each Month. **Your Statement will be emailed to you by the 11th.** So please include what email address above where to send your statements. Common sense, if the 11<sup>th</sup> falls on a Saturday or Sunday. The money will be deposited within the next 2 business days.

Any Questions feel free to call or email me at [sales@etruehealth.com](mailto:sales@etruehealth.com)

Happy Selling!

Thanks,

Kevin Truebenbach

Paychex Use Only	
Client Account Number _____	Date _____
Worker Number _____	Title _____
PRS _____	Contact _____
Verified By _____	CSS Initials _____

Scanning instructions are located in Paychex Procedures.

# PAYCHEX

## Direct Deposit Signup Form

### Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
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.\*  
\*See below for acceptable bank documentation.

**WORKER - Required Information**

PLEASE PRINT

Worker Name \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_\_

**EMPLOYER - Required Information**

PLEASE PRINT

Company Name Affordable Health Ins. Agency, LLC

Service Location/Client Acct. Number C342

Federal ID Number 20-2688785

**Complete for Direct Deposit and Sign Below**

I authorize my employer to deposit my wages/salary to the following bank account(s):

**Bank Account #1**

**Checking**  
Bank Name \_\_\_\_\_

**Savings**  
Bank Name \_\_\_\_\_

**Chase Pay Card Plus**  
*Please complete the attached application if you would like to sign up for Chase Pay Card Plus.*

**I wish to deposit (check one):**

Remainder of Net Pay

\_\_\_\_\_ % of Net

Specific Dollar Amount \$ \_\_\_\_\_ .00

**Please attach one of the following for Checking or Savings accounts (check one):**

**Voided check**

**Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)**

**Bank letter or specification sheet (the signature of your local bank representative MUST be included)**

**Bank Account #2**

**Checking**  
Bank Name \_\_\_\_\_

**Savings**  
Bank Name \_\_\_\_\_

**Chase Pay Card Plus**  
*Please complete the attached application if you would like to sign up for Chase Pay Card Plus.*

**I wish to deposit (check one):**

Remainder of Net Pay

\_\_\_\_\_ % of Net

Specific Dollar Amount \$ \_\_\_\_\_ .00

**Please attach one of the following for Checking or Savings accounts (check one):**

**Voided check**

**Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)**

**Bank letter or specification sheet (the signature of your local bank representative MUST be included)**

**Employer Section Only**

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature \_\_\_\_\_

Worker Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Sign By 'X' & Attach Voided Check Please!