



6006 North Mesa Street - Suite 108  
El Paso, Texas 79912  
www.FivePointsBenefitPlans.com

# ACH Broker Commission Authorization Form

It is our pleasure to make ACH available to direct deposit your net commission payment into your bank account. To take advantage of this useful procedure, please take the following 3 steps:

1. Complete this form, including signing at the bottom
2. Attach a copy of a voided check or a bank deposit slip
3. Return the documents by one of the following methods:

**Email:** [alejandra@fivepointsmecplan.com](mailto:alejandra@fivepointsmecplan.com) (preferred)

**Mail:** ATTN: Accounting Department

6006 North Mesa Street - Suite 108, El Paso, TX 79912

**Fax:** (915) 519-0261, ATTN to Accounting Department

---

**Agent / Agency Name** (as it appears on your bank account)

---

**Agency / Producer Code** (Home State Abbreviation + License#)

---

**Bank Name**

---

**Bank Routing#** (9 Digits)

---

**Bank Account#**

Checking

Savings

## Authorization

By completing and signing this form and providing a copy of a voided check or deposit slip, you are authorizing Five Points Health Benefit Plans, LLC to initiate a monthly deposit of your net commission credit to the bank account identified above.

Furthermore, you are authorizing Five Points Health Benefit Plans, LLC to initiate withdrawals upon a mutually agreed statement basis, when necessary, for your NET COMMISSION DEBIT BALANCE from the bank account identified above.

---

**Name (Please Print)**

---

**Authorized Signature**

**Date**

Please submit an updated authorization any time you change depositories.

**COMMISSION**