# **To All Agents:**

# **Please complete the form below for enrollment in direct deposit. I will need the following information from each of you for where you would like the commission checks to be deposited. If you are not going to participate, I will need to know that ASAP. Thanks.**

**Name**

**Complete Address**

**Bank Account Number**

**Bank Routing Number**

#  **Account Type (Checking or Savings)**

**Century 21 AG Office**

**Once I have this information, I will send $1.00 into your account to make sure it works. You must acknowledge the deposit in writing (email) before we can start the direct deposit.**

**Please scan and email this information to me as soon as possible.**

**Thanks.**

**Gwenn M. Silver**

**Gwenn.silver@c21ag.com**

**Controller**