Direct Deposit Authorization

CaliforniaChoice® Your Health. Your Choice.®

CaliforniaChoice 51+ Your Health. Your Choice.®

KAISER PERMANENTE CHOICE SOLUTION
A *CHOICE* Administrators® Program

HSA California
A *CHOICE* Administrators® Program

This authorization request:

❑ New ❑ Cancel
❑ Change

From which program do you earn commission payments?

❑ California*Choice*®
❑ California*Choice* ***51+***
❑ Kaiser Permanente Choice Solution
❑ HSA California
❑ All

Carrier / Agency / Broker Information

Name

Tax ID Number/Social Security Number

Phone Number

Email

Bank Information

Bank Account Type: ❑ Checking ❑ Savings

A separate form is required for each bank account

Bank Name

Bank Telephone Number

Your Account Number

Bank Routing Number

Branch Address

City

State

Zip

I hereby authorize *CHOICE* Administrators® to initiate credit entries for deposit of net commission payments and if necessary, to initiate debit entries/adjustments for any credits made in error to my account at the above named Depository Institution.

This authorization will remain in effect until *CHOICE* Administrators® has received written notification to terminate or a new account/financial institution has been designated.

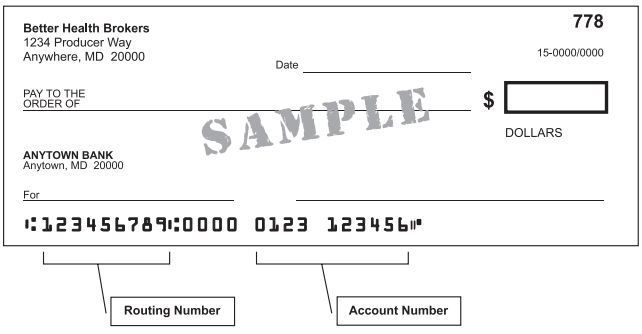
Broker Signature

Date

Print Name

Please attach a voided check for checking accounts or a voided deposit slip for savings accounts

Where to locate your bank account information:



When completed, please return to:

CHOICE Administrators®
Attn: Finance Dept.
721 South Parker, Suite 200
Orange, CA 92868
Fax: (714) 835-3084

***CHOICE* Administrators® Staff Use**

Carrier #

Date