

In conjunction with Texas Windstorm Insurance Association requiring the remittance of total amount due on all policies and generating monthly commission reports and payments, additional information is required from each licensed agency to ensure integrity of the delivery of the client's commission income disclosures and processing of direct account deposit commission payments.

## **COMMISSION CONTACT INFORMATION**

·	mail. Please provide the requested information for the
designated person within your agency to be contacted for all commission related communications and inquiries  Last Name:	
Phone: Email Address:	
AUTHORIZATION AGREEMENT FO	PR DIRECT DEPOSITS (ACH CREDITS)
Company: Texas Windstorm Insurance Association	
Name of Agent/Agency as appears on W9 form for IRS:	
entries to my account, designated by the information	ciation, hereinafter called COMPANY, to initiate credit in below, at the depository financial institution named same to such account. I acknowledge that the origination be provisions of U.S. law.
Depository Name:	
Routing Number: Acc	count Number:
Account Type: Checking Saving	
NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST BE ACCOM	//PANIED WITH A VOIDED CHECK IN ORDER TO BE PROCESSED
	ntil COMPANY has received written notification from me as to afford COMPANY and DEPOSITORY a reasonable
Printed Name:	TDI License Number:
Fed Tax ID/SSN Number: Da	te:
Signature:	
Please return this form and a <b>voided check</b> to:	
Attach it to an email and send to:	AgentServices@twia.org
Send it in U.S. Mail to:	Texas Windstorm Insurance Association Attn: Agent Services PO Box 99090 Austin, TX 78709
Fax it to:	Fax: 512-899-4950

Attn: Agent Services