



**Deposit Authorization Agreement**  
**Mover's Choice Insurance Program**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

*All of the information provided below is everything that is shown on your check.*

(This information below is not required when copy of complete check is provided)

**Bank Information**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Street Address

\_\_\_\_\_  
Bank City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Transit Routing Number (9 digit#)

\_\_\_\_\_  
Account Number

I authorize Paul Hanson Partners Specialty Insurance Solutions (PHP, Hanson & Paul, Inc.) to Deposit payments into my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective insurance agreement I may have with PHP, to deposit the amount(s) listed.

**Please check one of the following:**

Monthly Commission reports as supplied on the 25<sup>th</sup> of the month by PHP

**Email Address where statements should be emailed:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date