



Direct Deposit Authorization

All requested information below must be completed or the request will not be processed.

Section 1 – Agent/Agency Information – Please complete EITHER Corporate Name/TIN - OR - Individual Agent/SSN

Corporate Name	Tax Identification Number (TIN)
Agent Name	Social Security Number (SSN)
Transaction Type <input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel	

Section II – Bank Information

Financial Institution			
Branch Address	City	State	Zip
9-Digit Bank Routing Number* *Cannot begin with the number 5	Account Number:	Type of Account	
		<input type="checkbox"/> Checking	
		<input type="checkbox"/> Savings	
Please attach a copy of a VOIDED CHECK (checking) or DEPOSIT SLIP (savings). No corporate starter checks allowed.			

Section III – Authorization

I authorize NANM, LLC and the Bank indicated to deposit commission earnings automatically to the account specified above each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize NANM, LLC to direct the Bank to return said funds. This authority will remain in effect until I have either cancelled in writing or upon issuance of written notice from NANM, LLC.

Further, I understand service charges may be associated with my account and I should contact my financial institution to determine these charges. I also understand that NANM, LLC is not responsible, in any way for these service charges. Please allow 1 – 2 commissions cycles for initial processing.

Signature : _____ Date: _____

Title (if Corporate Account): _____ Email for Commission Password: _____

Please return completed form using one of the following:

U.S. Mail:

NANM, LLC
8400 E. Prentice Ave. Suite 1250
Greenwood Village, CO. 80111-2912

Email:

Melinda.meek@nanm.com