

# Direct Deposit Authorization



**KAISER PERMANENTE CHOICE SOLUTION**  
A CHOICE Administrators® Program



This authorization request:

- New     Cancel  
 Change

From which program do you earn commission payments?

- CaliforniaChoice®     Kaiser Permanente Choice Solution     Choice Builder  
 CaliforniaChoice 51+     HSA California®     All

## Carrier / Agency / Broker Information

Name		Tax ID Number/Social Security Number
<input style="width: 95%;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Phone Number	Email	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

## Bank Information

Bank Account Type:     Checking     Savings

A separate form is required for each bank account

Bank Name	Bank Telephone Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Your Account Number	Bank Routing Number	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Branch Address		
City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

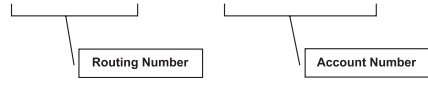
\_\_\_\_\_  
Print Name

When completed, please return to:

Attn: Finance Dept.  
CHOICE Administrators  
721 South Parker, Suite 200  
Orange, CA 92868  
Fax: (714) 972-7368  
www.choiceadmin.com

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

**Where to locate your bank account information:**



**CHOICE Administrators Staff Use**

**Broker #**

Date