



**The Sheffield Group**  
Your Workers' Compensation Specialists

Authorization of Payment/Direct Deposit

Agency Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Accts Receivable

Contact Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Bank Information:

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

Bank Address: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Checking

I have attached a check marked void

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As a convenience to me I authorize The Sheffield Group and my banking institution to deposit the commission amount directly to my bank account. I realize the amount will change monthly depending on premiums paid, audit refunds, etc. I agree that the rights with respect to each such debit will be the same as if it were personally executed by me.

\_\_\_\_\_  
Authorized Signature as Shown on Account

\_\_\_\_\_  
Date