

Authorization Agreement for Automatic Deposits

Producer/Firm Name _____

Payee's SSN ID or Tax ID _____

Address _____ Suite _____

City _____ State _____ Zip _____

Telephone Number _____

I/we hereby authorize Western Asset Protection, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

New Enrollment

Updated Information

Depository Name _____

Depository Address _____

Routing Number _____

Account Number _____

Checking (attach a voided check)

Savings (attach a deposit slip)

This authorization is to remain in full force and affect until COMPANY has received written notification from me/us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

If you are eligible for and choose to enroll in direct deposit, we recommend that you verify with your financial institution when your fund would be posted to your account and made available to you as each financial institution has its own process for funds availability.

Name (please print) _____

Signed _____ Date _____

Please email completed form and voided check to commissions@westernassetprotection.com or fax to 602-955-5583.

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