

**Southern General Agency – Auto Program
Commission Direct Deposit Form**

Please fill out your agency name and agency number(s) below. Please provide the banking information where you would like your monthly commission deposited.

Agency Name: _____

Agency Number(s): _____

Name of Bank: _____

Routing #: _____

Account #: _____

Account Type: Checking Savings

Contact Person: _____

Contact Phone #: _____

Authorized Signature on Account:

Date

Please fax or mail to:

Southern General Agency – Auto Program
Attn: Marketing Department
PO BOX 12490
Alexandria, LA 71315
Fax: 318-880-0179