



**ABS Billing**  
One Tower Square  
Hartford, CT 06183  
1-888-616-8715 PI  
1-800-252-2268 BI

**DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT) OF MONTHLY COMMISSIONS AND OTHER COMPENSATION FOR BUSINESS, BOND & SPECIALTY INSURANCE AND/OR PERSONAL INSURANCE**

All direct bill commissions and all other forms of agency compensation, including fixed, value-based and contingent compensation, if any (Other Compensation), can be deposited directly to your bank account via electronic funds transfer.

**Your agency may now deposit into up to 4 separate bank accounts for compensation payments.**

Complete this form and email it, along with a **VOIDED CHECK** or a **BANK LETTER** from the account into which we are to deposit.

**Email to:** [AgtComm@travelers.com](mailto:AgtComm@travelers.com)

**Authorization for Direct Deposit of Monthly Commission and Other Compensation**

(TO USE MORE THAN ONE BANK ACCOUNT FOR THESE DEPOSITS, **PLEASE COMPLETE A SEPARATE FORM FOR EACH BANK ACCOUNT.**)

☐ New Enrollment      ☐ Bank Change      ☐ Other Change (Specify) \_\_\_\_\_

**(Check Only One)**      The below account should be used for:

- |                                                                                                            |    |
|------------------------------------------------------------------------------------------------------------|----|
| <input type="checkbox"/> All Base Commissions and Other Compensation                                       | BA |
| <input type="checkbox"/> All Base Commissions Only                                                         | B  |
| <input type="checkbox"/> All Other Compensation Only                                                       | A  |
| <input type="checkbox"/> Only Personal Insurance Base Commissions and Other Compensation                   | PI |
| <input type="checkbox"/> Only Personal Insurance Base Commissions                                          | P  |
| <input type="checkbox"/> Only Personal Insurance Other Compensation                                        | I  |
| <input type="checkbox"/> Only Business, Bond & Specialty Insurance Base Commissions and Other Compensation | CG |
| <input type="checkbox"/> Only Business, Bond & Specialty Insurance Base Commissions                        | C  |
| <input type="checkbox"/> Only Business, Bond & Specialty Insurance Other Compensation                      | G  |

Agency Name: \_\_\_\_\_ Agency Telephone Number: \_\_\_\_\_

Agency Email Address: \_\_\_\_\_ Agency Compensation Contact: \_\_\_\_\_

Agency Code(s): \_\_\_\_\_ Agency Compensation Contact Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Bank 9-Digit Routing / Transit Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Checking ( ☐ )      Savings ( ☐ )

I hereby authorize Travelers to deposit my monthly commissions/compensation into the account at the bank designated above. I understand that I can revoke this authorization by sending an email notification to [PBILLING@TRAVELERS.COM](mailto:PBILLING@TRAVELERS.COM) at least 10 business days before a scheduled deposit.

Depositor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*ATTACH VOIDED CHECK HERE*