



INDEPENDENT PRODUCER DIRECT DEPOSIT AUTHORIZATION FORM

Submit via fax at 866-272-0708 or email to Commissions@OasisAdvantage.com

I hereby authorize the direct deposit of my commission checks by Oasis Outsourcing Holdings, Inc. ("Oasis") into the account at the financial institution indicated below. Direct deposit into this account will continue unless I choose to terminate this agreement in writing or it is my final reimbursement.

I understand that it is my responsibility to notify Oasis of any change in bank account numbers due to change in banks and/or bank mergers at least one week in advance. In the event Oasis deposits funds erroneously into my account, I hereby authorize and agree that Oasis may debit my account for an amount not to exceed the original amount of the erroneous credit.

IP Legal Name (required): _____

Accounts Payable Contact Name (required): _____

Accounts Payable Contact Email (required): _____

Signature (required): _____

Type of Account: Checking: <input type="checkbox"/> or Savings: <input type="checkbox"/>	Change Previous Account Number: <input type="checkbox"/> or Disable <input type="checkbox"/>
Name of Financial Institution:	Telephone of Financial Institution:
Address of Financial Institution:	
Routing/Transit Number:	Account Number:

PLEASE TAPE A VOIDED CHECK FOR CHECKING ACCOUNT AND/OR DEPOSIT SLIP FOR SAVINGS.
Incomplete or unacceptable information will delay the start of your direct deposit and/or savings amount(s).

Entered By (Internal Use Only): _____