



## Electronic Commissions Form

Complete and return by either mail or fax to the address above.

Agency Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_



I hereby authorize Seacoast Brokers LLC to initiate credit entries to my checking or savings account(s) indicated below and the bank/financial institution(s) named below to credit the amount of such entries to my account(s).


Name of Bank/Financial Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please attach a voided check or deposit ticket from the account to be credited.**

Transit/ABA Number of Bank/Financial Institution:  \_\_\_\_\_ 

Your Account Number at Bank/Financial Institution: \_\_\_\_\_ 

Type of Account:  Checking  Savings

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization will remain in effect unless I advise Seacoast Brokers in writing to change my election.

Commissions statements are sent two ways. Please choose your preference:

A Microsoft e-mail attachment to email address: \_\_\_\_\_

By Fax to fax number: \_\_\_\_\_

Please sign form and fax a copy to the number given below.

Accounting Department  
843 341 1600  
843 341 1601 Fax  
accounting@seacoastbrokers.com

Seacoast Brokers LLC  
PO Box 7378  
Hilton Head Island, SC 29938-7378