



Direct Deposit Authorization Form

I hereby authorize True Health New Mexico, hereinafter called "Company," to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to the account indicated below and the financial institution named below, hereinafter called "Depository," to credit and/or debit the same to such amount. This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

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|---------------------------------------|--|
| Business/Producer Name | |
| Business Federal Tax ID or SSN | |
| Bank Name | |
| Type of Account (checking or savings) | |
| Bank Routing Number | |
| Bank Account Number | |
| Authorized Signature | |
| Date | |
| Contact Name | |
| Contact Email | |

Please allow 1-2 weeks for processing.

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| <p>Please choose the request type:</p> <p><input type="checkbox"/> New Request: I am an appointed producer or recently applied for appointment with True Health New Mexico and am electing direct deposit.</p> <p><input type="checkbox"/> Change Request: Change financial institution and/or account number.</p> <p><input type="checkbox"/> Cancel: Stop my participation in the program.</p> |
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SUBMIT THE COMPLETED FORM, INCLUDING A COPY OF A VOIDED CHECK:

- Send via email to commissions@truehealthnewmexico.com. We recommend sending via **secure email**.
- Or fax to 1-800-734-1596.