Commission Direct Deposit Enrollment Form

Agent/Agency Name _____

Address _____

_____

Bank Account Number _____

Bank Routing Number _____

Checking ❑ Savings ❑

Bank Name _____

Person Completing Form _____

Phone Number _____

Remember to include a voided check.

Mail to: CBIA Health Connections Account Management
350 Church Street
Hartford, CT 06103

Fax to: 860.278.0883