



ACH Commission Payments

Synchronosure commission payments are paid out through a via Electronic Funds Transfer (EFT). Payments will be electronically deposited into your designated bank account through ACH. All payment remittance advice will be delivered via email. Please complete the Commission ACH enrollment form to get your account set up.

Signing up for ACH payments provides several benefits:

Faster Payments

- ACH payments are a faster method of payment.
- ACH payments can be credited to your account in less than two business days. Payments made by check can take 7-10 days to be received through the postal service.
- Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

Fewer Hassles

- ACH payments eliminate the need for paper checks.
- Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.
- You will receive notification and remittance advice for each ACH payment via email.
- Save time by not traveling to the bank or waiting in line to deposit your check.



Commission ACH Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm funds have been deposited. Please complete all the boxes below.

AGENCY INFORMATION (Remit Address)

New Request Change Request

AGENCY NAME		TAXPAYER ID (Required)	
ADDRESS	CITY	STATE	ZIP
PRINCIPAL CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance and commission statement.			

FINANCIAL INSTITUTION INFORMATION

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER (9 Digits)		
ACCOUNT TYPE	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	
ACCOUNT NUMBER			

Certification:

I certify I am responsible for notifying any changes to the information provided above to Synchronosure.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named agency, hereby authorize Synchronosure, to electronically deposit and withdraw payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received. Synchronosure reserves the right to cancel or suspend this authorization at any time.

Authorization:

Authorized Official Name Signature Title Date