



Agreement to Participate in Electronic Deposit of Direct Bill Commission Payments

I/(we) hereby authorize PIA Pacific Northwest Services through its billing department to pay any applicable Direct Bill Commission due to this agency via electronic deposit to the following bank account. **Please submit a voided check with form.**

Deposit Direct Bill Commission to the following checking account:

Agency Name: _____

Bank Name: _____

Checking Account #: _____

Bank Routing #: _____

Authorized Signature: _____

Title: _____

Date: _____ Telephone #: _____

Email address _____

Mail to: PIA Pacific Northwest Services Corp
Attn: Billing Dept.
3205 NE 78th St., Ste 104
Vancouver, WA 98665-0697

Fax to: (888) 346-4466

OR

Email to: **kimcottrell@piawest.com**

Questions regarding this form? Call us toll free (888) 246-4466 x112