

Sales Commission Payment Request Form

Please pay my commission due via (indicate one option):

_____ ACH to my account number _____

to my Bank (Bank Name) _____

The Bank Routing No. is: _____

- OR -

_____ Please mail my commission checks to:

Address: _____

City, State, ZIP _____

I understand that commissions on all payments on orders received in New York by 5:00PM each Tuesday will be paid on the following basis:

Commission checks will be mailed on the following Monday, or ACH transfers will be made to your account on the second Monday following receipt of the payment.

Representative Signature

Date

Print Name

Sales Number

**Please complete and fax this form to: (888) 817-7066.
or scan and email to mdignam@ncsplus.com**

