
Vision Insurance
1800 Lee Trevino, Suite 201 P.O. Box 370368
El Paso, Texas 79937
(877) 987-7466
Fax: (800) 705 5542
www.visionmga.net

Authorization for Commission Deduction

Please deduct the total amount of \$ _____ from my monthly commission checks. Please deduct the total amount in _____ equal installments of \$ _____. I understand that if my commission check does not cover any part of the installment amount or total amount thereof, I will be responsible for paying Vision the remaining balance.

Deduction Reason: _____ *Electronic Signature Pad(s)T-S461* _____

Agency Name: _____

Agent Code: _____

Address: _____

Authorized Signature X _____
