



### Request to Change Broker Compensation

Corporate Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

NMLS #: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Does this entity wish to be compensated by TCF Bank for performing services for TCF?  Yes  No

a) Checks made payable to: \_\_\_\_\_

b) Address where invoice and check, if applicable, should be mailed: \_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

Would you like to be setup for automatic deposit?  Yes  No

If you answered "Yes" to be set up for automatic deposit, complete the Authorization for Automatic (ACH) Credits (TCF Doc 1978).

\_\_\_\_\_  
By (authorized signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date