

Direct Deposit Authorization Form

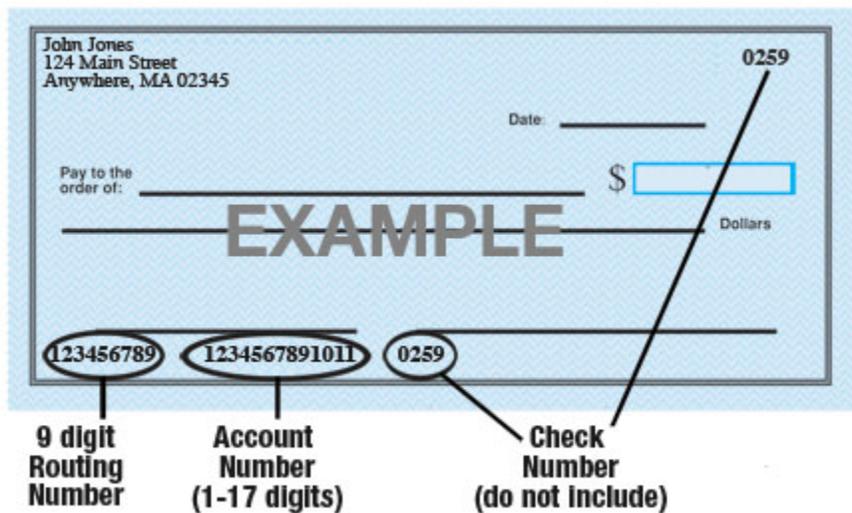
Please print and complete ALL the information below.

Name as it appears on bank account: _____

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: Entire Commission Checks

Type of Account: Checking Savings (Circle One)

Please attach a voided check for the bank account to which funds should be deposited.

Signature Group Real Estate DBA RealtyONEGroup Signature is hereby authorized to directly deposit my pay to the account listed above for a \$5 fee per deposit. This authorization will remain in effect until I modify or cancel it in writing.

Agent Signature: _____ Date: _____

