

ACH / Direct Deposit Authorization Agreement

(For Commission Disbursement only)

Subject Property:

Client Name:

Agent Name:

Date Requested:

I hereby authorize Allstar Brokers Network, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my: (select one)

_____ Checking Account

_____ Savings Account

Indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution:

Electronic Routing Number:
(for ACH / Direct Deposit)

Account Number:

Account Holder Name:

Account Holder Address-

Street:

City:

State:

Zip:

*Agent will be responsible for any bank incurred charges if information provided is incorrect or not updated accordingly. Immediate notification to the Accounting Department is required should any changes be made.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Signature:

Print Name:

Date: