

Electronic Funds Transfer Authorization

I hereby authorize my employer to directly deposit my pay in the bank account listed below. I have attached a voided check or deposit slip for the account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant Brokerage Consultants Inc. the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: (_____) _____

Signature: _____ Date: _____

Company Use Only: Effective Date _____

Account: Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Company Use Only: Bank/ABA Number _____