



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Attach a check. Verify your bank account & routing number below. We must have both in order to set you up on payroll.

New Deposit

Change Deposit Information

Revoke Authorization

AGENT NAME: _____

I hereby authorize, **Equity Real Estate or assigns** (the "COMPANY"), to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (the "BANK") indicated below. Further, I authorize BANK to accept and credit entries indicated by COMPANY to my checking account(s) as follows:

I wish to deposit:

Entire Commission
—OR—

\$ _____ .00
—OR—

_____ %

Routing Number

Account Number

ATTACH VOIDED CHECK HERE.

Place a CHECK here and photocopy this form – turn in the photocopy.

A deposit slip cannot be used for this purpose.

I wish to deposit:

Entire Commission
—OR—

\$ _____ .00
—OR—

_____ %

Routing Number

Account Number

ATTACH VOIDED CHECK HERE.

Place a CHECK here and photocopy this form – turn in the photocopy.

A deposit slip cannot be used for this purpose.

Further, I authorize COMPANY to debit my account in the event of a credit, which should not have been made, or which was made for an incorrect amount, or for which the funding source did not timely or completely fund the credit, for an amount not to exceed the original amount of the erroneous credit. I agree that this authority is to remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such time in such manner as to afford and BANK reasonable opportunity to act on it. I also acknowledge that I have retained a copy of this form.

SIGNATURE: _____ TITLE: _____ DATE: _____