

Broker & Broker Vendor
 Authorization for ACH Direct Deposit

_____ Name (Please Print)	_____ Company Name
_____ Social Security # / Federal Tax ID #	_____ Broker & Broker Code
_____ Email Address	_____ Phone Number
_____ Bank Name	_____ Branch/Phone Number
_____ City / Town	_____ State _____ ZIP

Account Information

I authorize TimePayment Corp. and the financial institution named below to deposit all funds payable to me automatically to my checking account. I also authorize adjusting entries, as they may be required. I understand that Direct Deposit may be altered with three weeks written notice to TimePayment Corp. During the prenote/change period TimePayment will automatically send disbursements by check.

Authorized Signature _____ Date _____

Clerical Information

Routing Number | : : |

Account Number

Company Name	11-1111/1111
Company Address	
	1000
Pay to the Order of _____	\$ <input style="width:100px;" type="text"/>
	DOLLARS
BANK NAME	
ADDRESS	
MEMO _____	
Routing Number	Account Number
: 0123456789 :	4444444444 1000

VOID