



ADVISORY SERVICES LLC

Authorization Agreement for Direct Deposit

3355 Cochran St. Ste. 100, Simi Valley, CA, 93063 Tel (800) 473-3856 • Fax (800) 636-1302

Agent Name: _____ Representative #: _____ Date: _____
 Address: _____ Suite #: _____
 City: _____ State: _____ Zip: _____
 Tel: _____ Fax: _____ Email: _____

Transaction Type: Enroll Revise

HBW Advisory Services LLC Commissions:

I hereby authorize HBW Advisory Services LLC, hereinafter called "Company", to initiate credit entries to my account indicated below at the depository named below, hereinafter "Depository", to credit the same to such account.

Name as it appears on account: _____
 Depository name: _____ Branch: _____
 City: _____ State: _____ Zip: _____
 Tel.: _____ Routing (ABA#): _____
 Account #: _____ Account Type: Checking Savings

Note: Per FINRA Rules of Fair Practice, your advisory commissions must be paid to a registered individual and not to a corporation, DBA, or agency.

This authorization is to remain in full force and effect until Company has received written notification from me of it's termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. I understand that this agreement will automatically be cancelled if I terminate my affiliation with the Company. I authorize credit entries and adjustments to be made to my account.

Signature: _____ Date: _____

Note: Written credit authorization should provide that the receiver might revoke the authorization only by notifying the originator in the manner specified in the authorization.

- ONE APPLICATION PER REPRESENTATIVE NUMBER •
- PLEASE COMPLETE DIRECT DEPOSIT SIGN UP FORM •

Return this form to: HBW Advisory Services LLC
3355 Cochran St. Ste 100
Simi Valley, CA 93062

Or Fax to: (800) 636-1302

I choose not to be involved in the Direct Deposit Program. I acknowledge the assessment of \$25.00 weekly (\$1,300.00 Annually) for HBW Advisory Services LLC to issue me a paper check for any commissions I am due.

Signature: _____ Date: _____

Employee Instructions:

- 1. Complete the agent required information section.
- 2. Complete the Direct Deposit section to specify where you want your pay deposited.
- 3. Sign the bottom of the form.
- 4. Retain a copy of this form. Return the original to HBW Securities LLC.

Required Information	
	Please Print
Agent Name	_____
Social Security No.	____ / ____ / ____

	Please Print
Client Name	HBW Securities LLC _____
Office/Client No.	____ / ____
Federal ID No.	_____

Complete for DIRECT DEPOSIT	
I would like my commissions deposited to the following bank account:	
Bank Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name	_____
I wish to deposit (Check one):	
	<input type="checkbox"/> Entire Net Pay
Please attach one of the following (Check one):	
	<input type="checkbox"/> Voided check (Deposit slips are not accepted)
	<input type="checkbox"/> Bank Letter or specification sheet* (See your local bank representative)

***PLEASE ATTACH VOIDED CHECK FROM THE ACCOUNT TO THIS FORM
(Do not attach the deposit slip. Routing numbers are not included on those forms)**

Agent Signature _____ Date ____ / ____ / ____

Return this original form to HBW Securities LLC