Authorization Agreement for Direct Deposit

P.O. Box 2049, Simi Valley, CA 93062
Phone: (800) 473-3856

Agent Name _____ Rep # _____ Date _____

Address _____ Suite # _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Transaction Type: ☐ Enroll ☐ Revise

HBW Advisory Services LLC Fees:

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 _____ Address _____

City _____ State _____ ZIP _____

Phone _____ Routing (ABA#) _____ Account # _____

Account Type: ☐ Checking ☐ Savings Note: entire net pay will be deposited into specified account

Note: If sending your earnings to a corporation, DBA, or agency you must provide a copy of your corporate resolution and EIN number. This will only place the earnings in said account. This will not change the tax responsibility away from the registered individual.

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 ATTACH A VOIDED CHECK (Do not attach a deposit slip)
OR BANK LETTER OR SPECIFICATION SHEET