Authorization Agreement for Direct Deposit

HBW ADVISORY SERVICES LLC

ONE APPLICATION PER REPRESENTATIVE NUMBER

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 fees/earnings to a corporation, DBA, or agency you must provide a copy of your corporate resolution, EIN number and proof of banking authority to the account used to deposit the funds to. This will also change the tax responsibility to be applied to the said named company and EIN number.

This authorization is to remain in full force and effect until Company has received written notification from me of its 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.

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