



## **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

Name \_\_\_\_\_ SSN or Tax ID \_\_\_\_\_

I hereby authorize Senior Market Sales, Inc. ("SMS"), to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated below and the financial institutions named below, to credit and or debit the same to such accounts.

I also understand this is not an assignment of commissions, 1099's will continue to be issued to the commission owner.

Name of Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit / ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

I understand that this Authorization Agreement supersedes and replaces any previous Authorization Agreements or any alternate instructions I have provided to SMS. Going forward, any and all credit and debit entries and/or adjustments will be processed in the account indicated above.

This authority is to remain in full force and effect until SMS has received written notification from me of its termination in such time and in such manner as to afford SMS and the Financial Institution a reasonable opportunity to act on it.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

SMS will keep authorization on file throughout the life of the transactions and two years beyond their termination.

**A VOIDED IMPRINTED CHECK OR LETTER FROM THE BANK  
MUST BE ATTACHED TO VERIFY ACCOUNT AND ROUTING NUMBERS**

VOIDED CHECK

VOIDED CHECK

VOIDED CHECK