

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT COMMISSIONS

I (we) hereby authorize **Boyle, Flagg & Seaman, Inc.** hereinafter called COMPANY, to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits).

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

NAME(S) ON THE ACCOUNT: _____

ROUTING/TRANSIT/ABA NO. _____

ACCOUNT NO. _____

CHECKING

SAVINGS

I (we) understand that this authorization will remain in full force and effect until **Boyle, Flagg & Seaman, Inc.** has received written notification from me of its termination in such time and in such manner as to afford **Boyle, Flagg & Seaman, Inc.** a reasonable opportunity to act on it.

AGENCY NAME _____

NAME _____

TITLE _____

DATE _____

SIGNATURE _____