

DIRECT DEPOSIT AUTHORIZATION

Broker Name: _____

Social Security Number/FEIN: _____

Financial Institution Name: _____

CHECKING

*Routing #: _____ *Account #: _____

* Amount: \$ _____ *or* Percentage: _____ %

AND/OR

SAVINGS

*Routing #: _____ *Account #: _____

* Amount: \$ _____ *or* Percentage: _____ %

I authorize Reliance Brokers and the financial institution named to credit my account(s) for direct deposit of my commissions and, if necessary, to initiate debits or adjustments for credits made in error. I understand that Reliance Brokers will not be responsible for any overdraft on my account under any circumstances nor will Reliance Brokers provide reimbursement for associated fees. This authority will remain in effect until I have cancelled it in writing to Reliance Brokers. In consideration of receipt of each payment by direct deposit, I agree to notify Reliance Brokers immediately of any errors in payment for each pay period.

X _____

Broker Signature **Date**

*Please attach a voided check (for checking accounts)

NOTE: Reliance Brokers is responsible for initiating the electronic deposit transaction scheduled for deposit on your pay date, which is processed through the clearing house of the Federal Reserve Bank. If for any reason beyond Reliance Brokers's control your funds are not available on your pay date (ie. your bank's policies, errors caused by banks or financial institutions), Reliance Brokers will not be responsible for any overdrafts or associated fees.