

Commission Direct Deposit Enrollment Form

I hereby authorize Southland Benefit Solutions (SBS) to directly deposit commission earnings in the bank account listed below. This authorization is to remain in force until SBS has received written authorization from me of its termination or change. I grant Southland Benefit Solutions the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Please type or print clearly.

Name: _____ Date: _____

NPN: _____ Tax ID: _____

Address: _____

Email Address: _____

Office Number: _____ Cell Number: _____ Fax Number: _____

Signature: _____ Title: _____

Account Type: Checking or Savings

Name on Account: _____

Financial Institution: _____

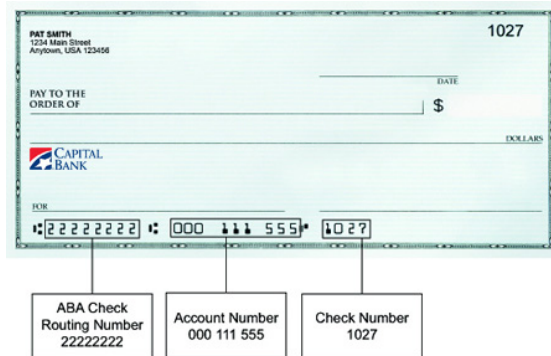
Routing Number: _____

Account Number: _____

Signature must be by an authorized signer on the bank account.

Signature: _____ Date: _____

ATTACH A COPY OF A VOIDED CHECK



Company Use Only: Effective Date: _____ Termination Date: _____