



AUTHORIZATION FOR DIRECT DEPOSIT

I authorize Planstin Administration to deposit funds to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any credit entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Planstin Administration a reasonable opportunity to act on it.

Direct Deposit Account

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for bank account to which funds should be deposited.

Broker/Vendor

Date