



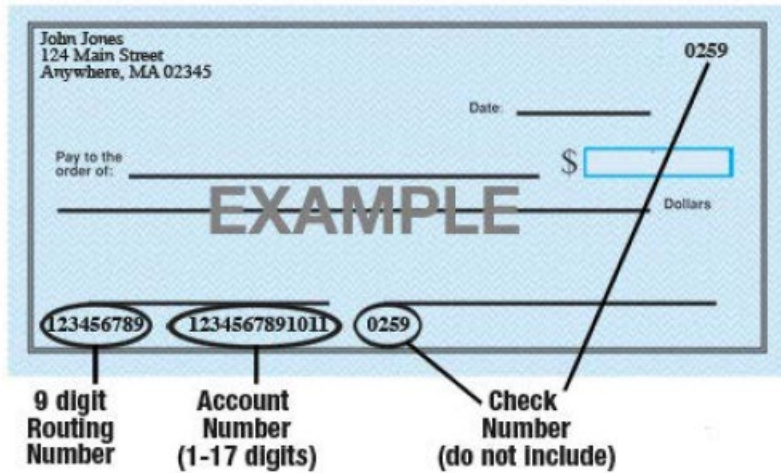
DIRECT DEPOSIT AUTHORIZATION

Please complete ALL the information below:

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

PPO Agents is hereby authorized to directly deposit my payment to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Agent Signature: _____

Date: _____