

Deposit Authorization Form

Direct Deposit Authorization Form

Bank Name or
Credit Union _____

Bank Address _____

City/State/Zip _____

Account Number _____ Routing
Number _____

Type of Account _____

Receive
Statement:

_____ Electronically: [email address] _____

_____ Mail: [business address] _____

I authorize Fletcher Group Inc., and my bank to automatically deposit payments into my account listed above. This authorization will remain in effect until I cancel it.

Signature: _____

Name: _____

Title: _____

Date: _____