

Black, Gould & Associates Inc. 3800 N. Central Ave., 9<sup>th</sup> Floor Phoenix, Az 85012

Ph: 602-277-2144

## **Direct Deposit Authorization Form**

## **Broker Information**

	DIOK	er mitormation			
Company Name/First Name M.I	. Last Name	FIN/SSN			
Street Address		City	State	Zip	
Email Address –Required*		Telephone	Fax		
*Must have internet access to particip					
	Bank	k Information			
Bank Name/Financial Institution		Branch location			
Bank Address		City	State	Zip	
Depositor Account Number:			hecking (attach a void	led check)	
		□ Savings			
hereby authorize and request Blac (EFT) and my financial institution to my account I authorize BGA to writing and until BGA actually receipt of such termination. I uncomplete information supplied bunderstand that an unforeseen delacutages or other unavoidable occurrer any overdraft conditions or pena	o credit this amount to a direct the bank to return	my account. I understand if it rn said funds. This authority mination. BGA will make the ponsible for delay, loss, or ry, or failure of my deposition outside entity (financial inducted attemption of the funds).	funds to which I am not end is to remain in effect unto the necessary changes with misapplication of funds tory to correctly credit/distitution) due to compute in my account. BGA will	ntitled are deposited il revoked by me in in 10 business day due to incorrect of ebit my account. It downtime, powe	
Signature of depositor as shown on bank	k records	Date			

Please Note: It can take up to 3-5 business days to implement an automatic deposit. If you transfer to a new bank, or if you change accounts, your automatic deposit may be interrupted. Please contact us immediately to update changes to your account information.

## Forward completed & signed form to:

Black, Gould & Associates, Inc., Attn: Commissions Dept., 3800 N. Central Ave., 9<sup>th</sup> Floor, Phoenix, AZ 85012 Email: commissions@blackgould.com or Fax 602-776-1392