



## Sales/Commission Direct Deposit Request

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### COMPANY / PERSONAL INFORMATION - PLEASE PRINT OR TYPE

Broker / Agency \_\_\_\_\_ EIN / SS # \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### BANK ACCOUNT INFORMATION

Enroll     Change     Cancel

Account Holders Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Type:     Checking     Savings

### AUTHORIZATION

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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ATTACH COPY OF A VOIDED CHECK OR SAVINGS ACCOUNT CONFIRMATION

# VOID CHECK

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This authorization will remain in full force and in effect until Advanced Payroll Solutions has received written notification of its termination in such time and manner as to afford Advanced Payroll Solutions and depository a reasonable opportunity to act ..  
Advanced Payroll Solutions shall incur no liability or loss whatsoever as a result of relying on the above information. If the Depository information changes, it is the responsibility of the account holder to give written notice to inform Advanced Payroll Solutions as soon as possible of any changes, but not less than 10 business days prior to change.

#### RETURN FORM TO:

Altomare Financial Group  
Attention: John Altomare

1680 Route 23 North Suite 200, Wayne NJ 07470 Tel. 973 685-5900 Fax. 973 685-5952  
E-mail: john.altomare@altomarefinancial.com