

## DIRECT DEPOSIT/ACH APPROVAL FORM

### Personal Information

Full Name (Official Name): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

### Direct Deposit/ACH Bank Information

(All Commission Checks Earned Will Be Deposited To This Account)

Name of Bank: \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Type of Account (check one):     Checking     Savings

Would you like this account to be used for the Keller Williams Profit Share Program (check one)?    YES     NO

If no, please enter the Bank Information you wish to use for Profit Share Income earned:

Name of Bank: \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I hereby authorize Keller Williams Sac Metro (South Hall Investors, Inc.) to directly deposit commissions and/or monies earned (and to make appropriate debit and adjustment entries) to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_