



UNITED GROUP PROGRAMS, INC
 2500 North Military Trail # 450
 BOCA RATON, FLORIDA 33431
mgerrow@ugpinc.com

**AUTHORIZATION AGREEMENT
 FOR DIRECT DEPOSIT OF COMMISSIONS**

- To sign up for EFT, please **TYPE or PRINT** the information requested in **SECTION 1 and 2**. Then sign, date and mail or email it to the address above.
- Any account changes must be reported to United Group Programs, Inc. (UGP) thirty (30) days prior to actual change.

SECTION 1

A.	TYPE OF TRANSACTION:	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE										
B.	NAME OF COMPANY OR INDIVIDUAL _____	COUNTY _____	(AREA CODE) TELEPHONE _____											
	ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____										
C.	<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
	TAX ID NUMBER													
D.	EMAIL ADDRESS _____													
	(SECURE EMAIL ADDRESS FOR COMMISSION STATEMENT)													

SECTION 2

A.	FINANCIAL INSTITUTION NAME _____	(AREA CODE) TELEPHONE _____															
	ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____															
B.	TYPE OF ACCOUNT SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/>																
C.	<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
	TRANSIT ROUTING / ABA NUMBER																
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	ACCOUNT NUMBER AT ABOVE INSTITUTION																

- We hereby authorize UGP to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to United Group Programs, Inc.
- Please attach a cancelled check for checking accounts or a "spec sheet" from your financial institution for savings accounts.

I hereby decline participation for Direct Deposit and acknowledge the \$20/month fee to be charged for a paper check and paper commission statement.

 DATE (MM/dd/yy) APPLICANT SIGNATURE PRINTED NAME