

# EFT COMMISSION PAYMENT AUTHORIZATION

INITIAL REQUEST

CHANGE REQUEST

AGENT INFORMATION:			BANK INFORMATION:		
Name on Contract:			Name:		
<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	Branch:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone Number:			Phone Number:		
Social Security #:			ABA Routing #:		
			Account #:		
			<input type="checkbox"/> Checking account <input type="checkbox"/> Savings account		

(Please attach a voided check here)

## AUTHORIZATION:

I authorize LTC Global, Inc. or any of its subsidiaries, and/or affiliated and related companies (including, but not limited to Specialty Planners, Inc.) (the, "Company"), to initiate credit entries to my bank account. I understand that this authorization will allow the Company to debit the above account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until the Company actually receives such notice of termination. The Company will make the necessary changes within ten (10) business days of receipt of such notice of termination. All commission accounts paid by the Company to you will be included in this request unless specified otherwise.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(must be signed by both parties if joint account)

Please allow 7 business days for your request to be processed.

**Please mail original to: 843 Alder Creek Dr, Suite A, Medford, OR 97504 Attn: Commissions**

**OR scan and email a completed copy, with a copy of the check, to: tradcommissions@ltcglobal.com**