Direct Deposit via ACH Authorization

I authorize <u>Keller Williams</u>, hereinafter called "Company," to initiate credit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to credit the same account. I also authorized Company to electronically debit my account to correct erroneous credits that are received. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.

Primary Account (Deposit Net Pay)

Financial Institution	Name:					
City			State		Zip	
Routing Number						
Account Number						
Type of Account	Checking	Sa	vings			

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Signature: ______

Print Individual Name: _____

Date: _____