



Traynor Group
Accounting, Training & IT Services

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the Traynor Group to initiate direct deposits to my account at the financial institution named below. I also authorize the Traynor Group to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the Traynor Group responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Traynor Group receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Traynor Group.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and mail or fax this form to:

Traynor Group
1323 Solano Avenue, Suite 205
Albany, CA 94706
Fax: 510.295.2530