



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize CapturePoint LLC to initiate automatic deposits to my account at the financial institution named below. Further, I agree not to hold CapturePoint LLC 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 CapturePoint LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Division Order Department.

OWNER NUMBER: _____

OWNER NAME: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please email my statements to: _____

Please attach a voided check and return this form to the Division Order Department. If you have any questions, you may contact Suzanne Sommerfelt at ssommerfelt@capturepointllc.com.