



DIRECT DEPOSIT AGREEMENT FORM

I hereby authorize **Allegiant Management Group, Inc.** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Allegiant Management Group, Inc.** 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 **Allegiant Management Group, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form **Allegiant Management Group, Inc.**

Please note: To protect you from potential fraud threats, eCheck transactions within the first 30 days to newly added or updated vendor/owner bank accounts will settle in 3-5 business days. If no transactions are made within the first 30 days, the first eCheck transaction will settle in 3-5 business days.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Name on Account: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Attach a voided check here