

# Direct Deposit Authorization Form

By signing this form, you give Realtypath permission to deposit into your checking or savings account the payment of your commissions and referral commissions.

## Please complete the information below:

I \_\_\_\_\_ authorize Realtypath to credit my bank  
(Full Printed Name)  
account as indicated.

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Type:    Checking    Savings

Name or Business Name of Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ 9 Digit Routing #: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

**Be sure to double and then triple check your account and routing numbers.**

