



AUTHORIZATION FOR DIRECT DEPOSIT

I authorize One Resource Group Corporation to directly deposit my commission override checks via ACH as specified below. Any changes from this form must be submitted to One Resource Group Corporation in writing. There is a \$10.00 fee for failure to notify us of a closed account.

New Account:

Updating Account:

Closing Account:

Account Information:

Financial Institution _____

ABA Number _____

Account Number _____

Checking:

Savings:

Please attach a voided check for each checking account used.

Agent's Signature

Date

Agent's Name (Printed)

Agent's E-mail Address:

Please fill out this form and mail it along with the void sample check(s) to:

**One Resource Group
Attn: David Scheppele II
809 South Calhoun St.
Suite 600
Fort Wayne, IN 46802**

Or FAX to: David Scheppele II – 260.399.1119