

BENEFIT DESIGN GROUP, INC.

AUTHORIZATION FOR AUTOMATED DEPOSITS (COMMISSION CREDITS)

COMPANY OR BROKER NAME: _____

TAX ID OR SS #: _____

I (we) hereby authorize BENEFIT DESIGN GROUP, INC. herein after called COMPANY, to initiate credit entries and to initiate, IF NECESSARY, DEBIT AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR to my (our) checking [] savings [] account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S) _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT IS SELECTED FOR COMPANY USE ONLY

FOR COMPANY USE ONLY

Date Received: _____

Processed By: _____

PLEASE RETURN BY FAX TO (410)494-0456 OR EMAIL TO KMACK@BDGMD.COM