



DIRECT DEPOSIT AUTHORIZATION FORM

TALUS PAYEE _____

As you are appointed with Medical Mutual

I (we) hereby authorize, Talus Brokerage Services, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic credit entries, and if necessary, debit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to me (our) account must comply with the provisions of US law. I further agree to receive my commission statements from the COMPANY electronically at the e-mail address listed below.

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

Bank Information:

Checking Account
(Attach voided check below)

Savings Account

Financial Institution Name

Branch

Routing Number

Account Number

Principal Information:

Print Principal Name

Email Address of person to receive statements
(authorized by principal)

Print Payee Tax ID Number

Phone Number

Principal Signature

Date

Please Attach Voided Check Here
(NOT a Deposit Ticket)

Please submit to: Talus Brokerage Services. Attn: Commissions Department
9482 Wedgewood Blvd. Suite 200. Powell, Oh 43065
Fax: (614)791-6535 or commissions@talusbrokerage.com
Questions: Contact the Comissions Department (888)994-8443
A confirmation will be sent out to your email address once your request for Direct Deposit is processed.