

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize Great Ideas Marketing Group, herein after called COMPANY, to initiate electronic credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

Checking Account

Savings Account

Financial Institution _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

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) _____

Signed _____

Date _____