



ACH AUTHORIZATION

13801 Riverport Drive, Suite 100
Maryland Heights, MO 63043

This form authorizes **Hero Protects, LLC** to electronically deposit commission payments into the bank account identified below. This authorization applies to all commission payments due under your agreement with Hero Protects, LLC.

Bank/Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Account Holder Name: _____

I hereby authorize **Hero Protects, LLC** to deposit any commission payments due to our account via ACH using the information provided above and verify that the information is true and correct. By signing below, I acknowledge that any payments will be sent to the account information listed unless otherwise specified. This agreement will remain in effect until written notification from my organization terminates this authorization.

Signature: _____

Name: _____

Title: _____

Company Name: _____

Company Address: _____

Email address(es): _____

Phone: _____

Date: _____

Please complete and return to kdyer@heroprotects.com. Thank you!