



QCD of America, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize QCD of America, Inc. to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold QCD of America, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until QCD of America, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the QCD Broker Relations Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Personal | Business

Signature

Print Name: _____

Authorized Signature (Primary): _____ Date: _____

E-mail: _____

Please attach a voided check or deposit slip and return this form to the QCD Broker Relations Dept. fax: 972.726.0448 or email DorisH@QCDoAmerica.com

I decline ACH payments and prefer to be paid by check on the month following the end of each quarter, in minimal increments of \$100.

Signature: _____