

## SAVOY ELECTRONIC FUNDS TRANSFER FORM

Please complete the Electronic Funds Transfer Form to begin receiving your commissions via direct deposit. This form must be completed and received by the 15th of the month prior to the next monthly commission payment.

BROKER INFORMATION					
Broker Name / Agency Name					
Social Security # / Tax ID #					
Email	Phone #		Fax		
DIRECT DEPOSIT INFORMATION					
Broker commissions distributed throprovide the following required inform		(Savoy) are only di	stributed via direct depo	osit. Please	
■ Voided Check: Please include a co	py of a voided check.				
<ul> <li>Nine-Digit Routing / ABA Number Routing / ABA number.</li> </ul>	r: Please verify with the f	inancial institution t	hat you have the correct	t nine-digit	
<ul> <li>Email Address: Please note that a payments and statements. Your log forwarded to you via email.</li> </ul>		•			
Depository Name	ame		□ New □ Change		
City		State	Zip		
Routing / ABA #		Checking Savings	Acct #		
REQUIRED: Email address to receive commis	sions notifications				
Authorization Agreement for Electr I hereby authorize Savoy to deposit indicated above. This authorization Savoy Associates in writing that the	my earnings (credits) er will remain in effect as lo	ong as I remain eligik			
Signature	 Dat	e			
Please submit your completed form	n and voided check via e	mail or fax:			

**PLEASE NOTE:** Once your Electronic Funds Transfer Form has been processed, you will receive via email your login ID and password for accessing your online commission statements. Funds are available in your account at the discretion of your banking institution. If you have any questions or concerns, please contact the Finance Department via email at commissions@savoyassociates.com.



Email: commissions@savoyassociates.com

25B Hanover Road, Suite 220 Florham Park, NJ 07932

Address: Savoy, Finance Department

Fax: 973.377.6887