



CHECKING/SAVINGS AUTHORIZATION FORM

I (we) hereby authorize GPS Insight, LLC to initiate deposits to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until GPS Insight, LLC is notified by me (us) in writing to cancel it in such time as to afford GPS Insight, LLC a reasonable opportunity to act on it.

Name of Financial Institution: _____

Address of Financial Institution: _____

Company Name: _____

Address: _____

Financial Institution Routing Number: _____
Please Print

Checking/Savings Account Number: _____
Please Print

(Branch, City, State & Zip) _____

Payment Remittance Email _____

Signature _____

