

Direct Deposit Form

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

"I (we) hereby authorize EXEMPLAR RESEARCH GROUP, LLC, hereinafter called COMPANY to initiate debit entries to my (our) _____ Checking ____ / ____ Savings accounts at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law."

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Phone: _____

Routing Number: _____

Account Number: _____

Monthly amount as pre-agreed upon \$ _____ pulled on the first of every month or the Monday following the first of the month.

This authorization 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 and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Date: _____ Signature(s): _____

Note: Debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in writing.

Please enclose a voided check with form. It can be:

Mailed to: Exemplar Research Group, LLC
P.O. Box 85 Washington Twp., MI 48094

Emailed to: matthew@exemplarrg.com

