



Dear Associate,

Please help us pay you your commissions in a timely fashion. If you currently have a checking account we will need that information so we can make direct deposits to your account. Please fill out the following information and return to our home office. This will avoid unnecessary delays in receiving your commissions.

Print Member Name \_\_\_\_\_

Print Member ID# \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank City \_\_\_\_\_

Bank State \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I authorize TVC Marketing Associates to make direct deposits into the account indicated above.

\_\_\_\_\_  
Associate Signature