

Direct Deposit Enrollment Form

Agent Information

Name on Account _____

Address _____

City, State, ZIP _____

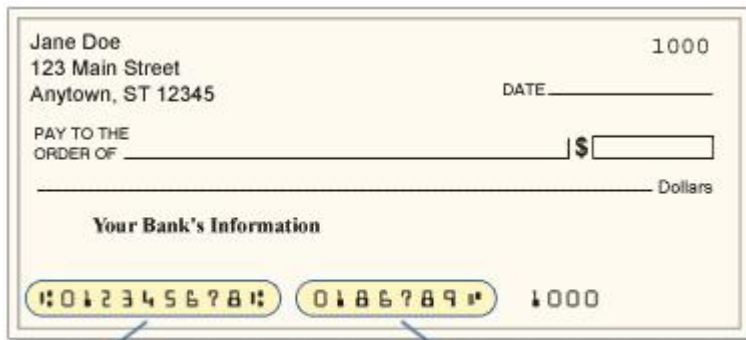
Banking Information

Name of Bank _____

Address _____

City, State, ZIP _____

We will need the ABA routing number for your bank and your checking account number. Please be certain to provide the numbers as they appear on a check and not a deposit slip. Use the example below as a guide to locate the data.



ABA Routing Number

Checking Account Number

ABA Routing Number _____

Checking Account Number _____

One This is a business account This is a personal account

I hereby authorize GTM Travel Group (Gould Travel Marketing, Inc.) to initiate funds transfers to my depository financial institution account as shown above and authorize my depository financial institution to honor these transfers.

Authorized Signature

Name (Please Print)

Date: _____

Print, sign and date

FAX to 904-285-4620 or scan and email to info@gtmtravelgroup.com