



Direct Deposit Agreement Form

I hereby authorize **Allegiant Management Group, Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Allegiant Management Group, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Allegiant Management Group, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Allegiant Management Group, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form **Allegiant Management Group, Inc.**

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Name on Account: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check return this form to Allegiant Management Group, Inc.