

Fax Back to: 1-800-795-1927

Attn: Corp. Accounting

Budget PrePay^{INC.}

DRAFT &/OR DEPOSIT AUTHORIZATION

AGENT NAME

AGENT ID

AGENT LOCATION (if applicable)

Date to begin drafts/deposits from/to this account _____

Make changes for:

Draft
(Draft Only)

Deposit
(Commission Only)

Both
(Draft & Commissions)

**PLEASE ATTACH A COPY OF A CHECK
OR
A VOIDED CHECK HERE**

I authorize BUDGET PREPAY, INC. and the bank indicated on the attached check or copy of a check to withdraw &/or deposit funds electronically from/to my account. This authority will remain in effect until I have filed a new authorization form. I understand this change will take affect 24 hours or next business day after the BAV (Budget Prepay deposit into the new account) is verified.

Signature as it appears on your account with your Bank

Print Name: _____ Date: _____

Please Note: Only one depository account will be used per Agent ID#.