



**LEVEL FOUR<sup>®</sup>**  
 Financial  
A DIVISION OF  
 LEVEL FOUR GROUP, LLC

11 N. Water Street  
 Ste 21290  
 Mobile, AL 36602  
 (251) 650-0840  
 Fax (251) 281-2007

<b>LFF176</b>
Form #
Branch #

<b>N/A</b>
Account #
FA #

**PAYROLL DIRECT DEPOSIT**

Use this form to request and authorize Level Four Financial, LLC to deposit bimonthly commission payments into your checking or savings account. Simply fill out the form below and return via fax or mail with a copy of a voided check. Please allow 15 business days for this feature to be established.

\_\_\_\_\_ New Enrollment                      \_\_\_\_\_ Change Existing Instructions

Name \_\_\_\_\_ FA# \_\_\_\_\_

**Bank Information**

\_\_\_ Checking \_\_\_ Savings

Name of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Account \_\_\_\_\_

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

ABA/Routing Number \_\_\_\_\_

I hereby authorize Level Four Financial, LLC, to initiate credit entries and, if necessary, debit entries and adjustments for credit entries made in error to my account at the Financial Institution indicated. This agreement is to remain in effect until Level Four Financial, LLC has received notification from me of its termination in such time to afford Level Four Financial, LLC and Depository a reasonable time to act on it. I also understand that Level Four Financial, LLC cancels direct deposit upon notice of termination of individual.

\_\_\_\_\_  
 Signature Date

Fax to (251) 281-2007  
 Attn: Commissions