



BANKING AUTHORIZATION

Date _____

Net Branch Name _____

Commissions payable to (if different from above): _____

I/We hereby authorize American Freedom Group, Inc., d.b.a. American Freedom Mortgage, to deposit or wire funds to the below-listed bank account:

Bank Name _____

Branch Address _____

Contact _____ Phone _____

Routing No. _____ Acct. No. _____

You must attach a voided copy of a check or deposit slip.

Note: Each principal is required to sign.

Signature

Date

Signature

Date

Signature

Date