WARRANTY SOLUTIONS®

Direct Deposit Authorization Agreement (Commission)

Payee name
Company name
Address 1
Address 2
City, state, zip code
Agent/Pass-Through number
Re Direct Deposit Authorization Agreement — Agent/Pass-Through number:

I hereby authorize WS Aftermarket Services Corporation, Warranty Solutions Management Corporation, Warranty Solutions Administrative Services, Inc., or Heritage Mechanical Breakdown Corporation (the Company) to deposit my commission in full, as noted in Section (A), by depositing the funds to my account noted in Section (B):

A. **Bank Account Deposit:** I elect to have this initial payment and reoccurring commission payments deposited to my financial institution account. I have provided the account information in Section (B) and signed where indicated below.

B. **Financial Institution Account Information:**

Financial institution name (DEPOSITORY)

Financial institution address

Financial institution city, state, zip

Routing number (First nine digits on bottom of check)

Demand deposit account (DDA)

Please circle one: **Checking** **Savings**

C. Customer Disclosure:

I hereby authorize the Company and Wells Fargo Bank, N.A. and its authorized representatives, to access information from the DDA and to initiate credit entries by ACH (Automatic Clearing House) transfer and to authorize the Depository to provide such access and to credit the same to such account. This authorization is without respect to the source of any funds in the DDA. This authority extends to any fees and assessments due to Wells Fargo Bank, N.A. under the terms of this Agreement, whether arising during or after termination of this Agreement.

By signing below, I understand that this authorization is to remain in effect until Company has received written notification from me of its termination. I further certify that the information I provided above concerning my bank account is accurate, the account is in my name, and the account is in good standing. I agree that should any information pertaining to the account change during the course of this Agreement, including closing the account or changing the authorized signatories, I will notify the Company immediately. I understand that such changes in the account may delay or prohibit any credits to my account by Company.
I acknowledge I am authorized to enter into this agreement.

Signature of customer

Email address

Date

Print name

PLEASE FAX FORM TO: 800-349-1668

Vehicle Service Contracts issued by WS Aftermarket Services Corporation and administered by Warranty Solutions Management Corporation. In Florida, Wisconsin, Arizona and Alaska, issued and administered by Warranty Solutions Administrative Services, Inc. (Florida License #60079). Also issued by Heritage Mechanical Breakdown Corporation in Florida (Florida License #60072). All contracts insured by Heritage Indemnity Company (CA C of A #08549), P.O. Box 140057, Denver, CO 80214-0057.