



## Direct Deposit Authorization

Agreement Type (please choose one)

New Agreement

Change Account

Registered Representative Name \_\_\_\_\_

### Account Information:

I authorize Trustmont Financial Group, Inc./Trustmont Advisory Group, Inc. to deposit net commission/fee into my (please choose one):

CHECKING account

SAVINGS account

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

Routing/Transit Number: \_\_\_\_\_

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

Fax form to: 724-468-5675

Mail to: Trustmont Group  
Attn: Alicia Walker  
200 Brush Run Road, Suite A  
Greensburg, PA 15601

Email form to: [alw@trustmontgroup.com](mailto:alw@trustmontgroup.com)

**\*\* Attach a voided check\*\***

We cannot process without a voided check—NO Starter Checks

**FINRA rule states a Broker/Dealer can only pay a licensed person—you must be an owner or joint owner listed on the above account.**

**NO CORPORATE ACCOUNTS can be accepted (ex. LLC, S Corp, C Corp, DBA etc.)**

*For Admin. Use Only*

Set Up (Name) \_\_\_\_\_ Date \_\_\_\_\_