

TABSE AFFILIATES

Local Banking information

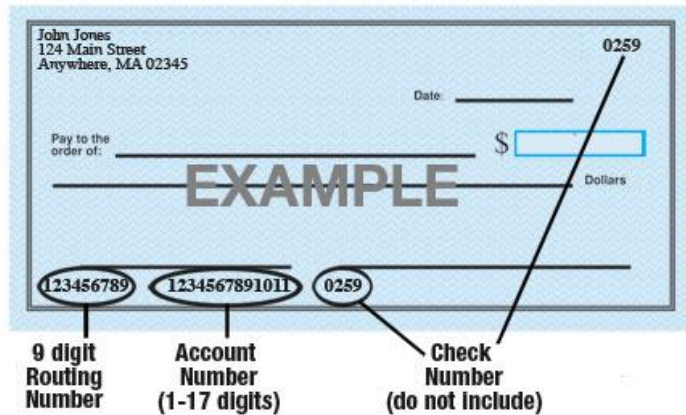
Please print and complete ALL the information below.

Affiliate Name: _____

Address: _____

City, State, Zip: _____

EIN: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Debit or Credit Card Issued: Yes No (Circle One)

CC #: _____ EXP Date: _____ CVC: _____

List all names on Bank Account:

