



## **Affiliate Partner Direct Deposit Form**

### **Contact Information**

Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email : \_\_\_\_\_ Phone: \_\_\_\_\_

### **Banking Information**

Account Type: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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