



MASS ADVANTAGE BROKER COMPENSATION ELECTRONIC FUNDS TRANSFER FORM (EFT)

MASS ADVANTAGE

67 Millbrook Street
Suite 423, Center Building
Worcester, MA 01606

Email: Brokers@MassAdvantage.com

BANK INFORMATION

BANK/FINANCIAL INSTITUTION NAME

ACCOUNT NAME (NAME AS IT APPEARS ON BANK ACCOUNT)

BANK/FINANCIAL INSTITUTION ADDRESS

CITY

STATE

ZIP

TYPE OF ACCOUNT

CHECKING SAVINGS

BANK ACCOUNT NUMBER

BANK ROUTING NUMBER

BROKER INFORMATION

BROKER NAME

BROKER CONTACT NAME

PHONE NUMBER OF COMPENSATION STATEMENT RECIPIENT

EMAIL OF COMPENSATION STATEMENT RECIPIENT

BROKER ADDRESS

CITY

STATE

ZIP

The undersigned Broker hereby authorizes and requests Mass Advantage to effect payment for all amounts owed to the Broker by Mass Advantage as such amounts become payable. Payment shall be made by initiating entries to the Broker's account in the bank or financial institution indicated above. The Broker authorizes and requests said bank or financial institution to credit the same to such account. This authorization is active as of two weeks after Mass Advantage receives the request and shall remain in effect until terminated. The Broker may terminate this authorization without cause by giving 15 days prior written notice to Mass Advantage. Mass Advantage may terminate this authorization without cause at any time. I agree that if unearned or erroneous payment is credited to my account by Mass Advantage, I will immediately repay Mass Advantage the full amount of such unearned or erroneous pay. I also agree to allow an automatic reversal of any deposits made in error.

X _____
BROKER SIGNATURE

DATE