



**MASS ADVANTAGE BROKER COMPENSATION  
ELECTRONIC FUNDS TRANSFER FORM (EFT)**

**MASS ADVANTAGE**

PO Box 60680  
Worcester, MA 01606

Email: [Brokers@MassAdvantage.com](mailto: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 <input type="checkbox"/> CHECKING <input type="checkbox"/> 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