



Authorization for direct deposit or payment

Name _____

I hereby request Feldman Performance LLC, hereafter called company to initiate to my:

(select one)

- Checking
- Savings

Bank Name _____

Bank Routing Number _____

Account Number _____

Amount Deposited \$ _____

This is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company a reasonable opportunity to act on it. Changes in deposit need to be communicated to the owner by the 25th of the month prior to the deposit made on the 1st or the first business day of the month.

All extra bank charges made at fault of member are to be paid in full by member, with a minimum charge of \$10 paid by the member.

Name _____

Date _____

Signed _____