AUTHORIZATION FOR ELECTRONIC DEPOSIT OF FUNDS

I _____ hereby authorize Unlimited Journeys Travel and/or its parent company to electronically deposit commission payments to my financial institution of choice listed below. Should I wish to change this information, I agree I can do so at any time with at least 15 business days written notice. I hereby waive the right to recover additional compensation or damages above what is due to me, should the electronic deposit be delayed or returned by my bank. This authorization shall supersede all previous authorizations effective immediately.

Bank Name:

Bank Address:

Bank Telephone Number:

Routing Number:

Account Number:

Accountholder Legal Name:

_____ _____

INDEPENDENT CONTRACTOR **DATE**