



- I/We hereby authorize Healthplex, Inc. to initiate credit entries to my/our checking account indicated below at the depository bank named below, representing commission payments. Debit charges to said account are not authorized, unless such charge represents a reversal of credit amounts erroneously posted by Healthplex, Inc.

- I/We do not wish to participate in direct deposit at this time.

BROKER INFORMATION

Broker/Company Name

Authorized Signature

Tax ID # Date

FINANCIAL INFORMATION

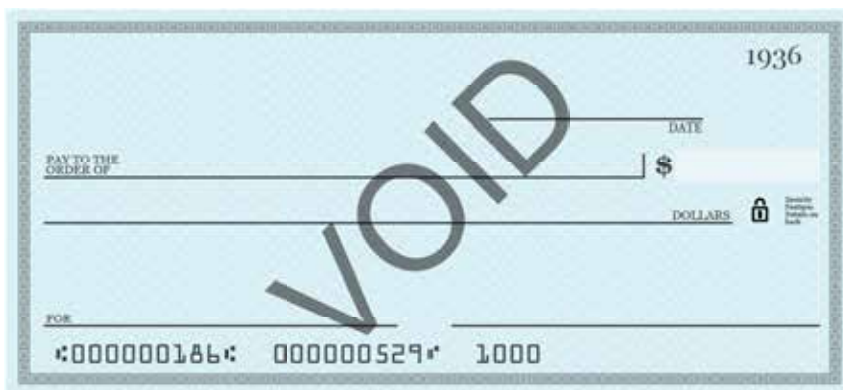
Financial Institution City State

Bank Routing # (ABA)

Bank Checking Account

Name on Checking Account

This authorization is to remain in full force and effect until Healthplex, Inc. has received written notification from the undersigned of its termination in such time and in such manner as to afford Healthplex, Inc. and depository bank a reasonable opportunity to act on it.



Please return completed form and copy of voided check to the Commission Dept. Please allow 30-45 days for processing.