



DIRECT DEPOSIT AUTHORIZATION FORM

Please fill out this form in its entirety and return to Ally Asset Management with a voided check.

OWNER INFORMATION (Please Print)			
Last Name		First Name	
Address		City	State Zip Code
Home Phone No.	Cellular No.	Email Address	
Driver's License No.	Driver's License State		

BANK/FINANCIAL ACCOUNT INFORMATION (Please Print)	
Bank Name	
Type of Account (Select One) _____ Checking _____ Savings	
Routing Number	Account Number

I, _____ authorize **Berkshire Hathaway Ally Asset Management** to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking account or savings account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Signature _____ Date _____

PLEASE SUBMIT THIS FORM WITH A VOIDED CHECK.