



PRIVATE CLIENT SERVICES™

MEMBER FINRA, SIPC
A Registered Investment Advisor
2225 Lexington Road
Louisville, KY 40206
(502) 451-0600

Please mail completed form to:
Private Client Services
Attn: Finance Department
2225 Lexington Road
Louisville, KY 40206

Direct Deposit Election Form

Section I – Rep Information

Name _____ Social Security #: _____

Email Address _____

Section II – Account Information

Checking **Savings**

9 Digit Routing Number: _____ Account Number: _____

Please attach below a voided check for Checking account or deposit slip for Savings.

Section III – Authorization

I authorize Private Client Services to deposit directly into my personal checking/savings account, pursuant to my election above, all commissions payable to me pursuant to my representative contract with them. I acknowledge that such deposits will constitute payment of commissions as required by said contract. I understand that my account will be credited as soon as possible after the commission period, usually within three (3) business days.

This authorization will become effective upon acceptance of my broker/dealer, Private Client Services.

Taxpayer Identification – Internal Revenue Code section 6109 requires us to obtain your correct federal taxpayer identification number – TIN. This information is required so that payments can be accurately reported to you on form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation of misstatements may result in immediate cancellation of this contract.

Signature of Account Holder: _____ Date: _____

Attach Voided Check/Savings Slip Here