



Personalized Services International, LLC Travel Agency Division

Direct Deposit Authorization Form

SECTION 1: PERSONAL INFORMATION

Date

First Name

Last Name

Business Official Name or Future Name

Business Phone Number

Business Mailing Address

Business FAX

E-mail Address

SECTION 2: BANK PAYMENT INFORMATION

Bank Name

Do you authorize PSI,
LLC to Deposit your
commission payments
into your bank account

Yes

No

Bank Address

Telephone

Bank Account Number

Bank Routing Number

Please include a VOIDED check with your Direct Deposit Authorization Form. You can FAX your request to 1-877-774-5177. Mail Form & VOIDED Check to: Personalized Services International, ATTN: Customer Service, 117 East State Street, Suite B, O'Fallon, IL 62269