



Dream Tree Family Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Dream Tree Family Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Dream Tree Family Inc. to make withdrawals from this account if a credit entry is made in error.

Further, I agree not to hold Dream Tree Family Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Dream Tree Family Inc. receives a written notice of cancellation from my financial institution or me, or until I submit a new direct deposit form to Dream Tree Family Inc.

Member Information

Member ID: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please attach a Voided Check below and fax it to: 713-988-8839 or mail it to:
5757 Ranchester Drive, Suite 300, Houston, TX 77036 or email to:
accounting@dreamtreefamily.com**