

---

## Direct Deposit Enrollment

---

### AGENT INFORMATION

LAST NAME:

FIRST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

I here by authorize Thomas Hogan Travel and the financial institution listed below to electronically deposit my commission to the specified account. If monies to which I am not entitled are deposited to my account, I authorize Thomas Hogan Travel to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization.

### BANK INFORMATION

BANK NAME:

BANK ADDRESS:

CITY:

STATE:

ZIP CODE:

### ACCOUNT INFORMATION (PLEASE PRINT CLEARLY):

TYPE:      Checking      Savings

ROUTING NUMBER:

ACCOUNT NUMBER:

SIGNATURE:

DATE:

OAL Travel Network  
1801 North Oak Street  
Myrtle Beach, SC 29577  
866-318-0391  
Email: [Support@OALTravelNetwork.com](mailto:Support@OALTravelNetwork.com)

Office Use Only  
Agent Number: \_\_\_\_\_  
Date: \_\_\_\_\_