



Direct Deposit Enrollment

AGENT INFORMATION

LAST NAME:

FIRST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

I here by authorize the OAL Travel Network dba 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 the OAL Travel Network 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
1361 21st Avenue North, Suite 109
Myrtle Beach, SC 29577
866-318-0391
Email: Support@OALTravelNetwork.com

Office Use Only

Agent Number: _____

Date: _____