

DEPOSITORY

Authorization Agreement for Direct Deposits (ACH Credits)

I (we) hereby authorize Onyx Management Group, Inc., hereinafter called COMPANY, to initiate credit entries in to my (our) () Checking () Savings (select one) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NAME	BRANCH	
(Bank Name)		
CITY	STATE	ZIP
ROUTING NUMBER		
ACCOUNT No.		
This authorization is to remain in full for notification from me (or either of us) of afford COMPANY and DEPOSITORY	its termination in such tim	e and in such manner as to
I (we) authorize Onyx Management Gro the US Postal Service and notify us via e email address is:	email that our online stater	
DATE:		
NAME		
(please print)		
SIGNED x		
NAME		
(Please print)		
SIGNED x		

Onyx Management Group, Inc. Address: 301-302 Lakeside Dr. Southampton PA 18966

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