

Distributor Commission Direct Deposit Authorization Agreement

I hereby authorize and request NeuroGenesis, Inc., to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by NeuroGenesis, Inc. to such account and to credit the same to such account without responsibility for the correctness thereof.

I authorize and request NeuroGenesis, Inc. to effect repayment for amounts owed it because of a prior erroneous credit initiated to my account if prior to the correcting entry, NeuroGenesis, Inc. has sent or delivered to me written notice of the correction and the reason therefore; and the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that I may terminate this agreement at any time by written notification to NeuroGenesis, Inc. or BANK. Any such notification shall be effective only with respect to entries initiated by NeuroGenesis, Inc. after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to the entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

I recognize, acknowledge and accept this service is being provided for my convenience. As such, I agree to hold NeuroGenesis, Inc., each participating bank harmless from any claim to the operation of this plan, arising from any act or omission by NeuroGenesis, Inc. and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

**ATTACH VOIDED CHECK OR DEPOSIT SLIP AS PROOF OF ACCOUNT NUMBER
AND ROUTING TRANSIT NUMBER**

Distributor Name: _____ Distributor ID #: _____
Name of Financial Institution: _____
Routing #: _____ Account #: _____
Account Type: ___ Checking ___ Savings
Distributor Signature: _____ Date: _____
Distributor Name (Please Print): _____