



DIRECT DEPOSIT AUTHORIZATION FORM

FOLLOW THESE EASY STEPS

1. Complete all entries on this Direct Deposit Authorization Form.
2. For existing Checking Accounts: Attach a personal check with the word "VOID" written in large letters in ink across the front. Do not sign the check.
3. Sign and date the form.
4. Submit to your employer or other fund originator.

ACCOUNT INFORMATION

Financial Center Number or name: _____

Financial Center Address: _____

City, State, Zip code: _____

Account Number: _____

Checking Account Money Market Account Savings Account

ABA Number: _____

Employee Name (Please Print): _____

Employee ID# or Social Security #: _____

Employee Phone Number: _____

AUTHORIZATION

I authorize _____ (Employer/fund originator) to initiate credit entries, and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my account.

Signature: _____ Date: _____