



Direct Deposit Authorization

I hereby authorize First Administrators, Inc. to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account. I have included a voided check for verification and reference.

This election shall remain in force until revoked by me.

Account Number _____

• The **Account Number** includes all of the numbers after the colon in the middle of the number. Be sure to include any zeroes at the beginning or end.

Transit ABA Routing # _____

• The **Transit ABA Routing #** includes all of the numbers before the colon in the middle of the number. Be sure to include any zeroes at the beginning or end.

****Account Type:** • **Checking** • **Savings**

**** (Please include a copy of a void check for checking or a deposit slip for savings)**

This agreement is: • **New** • **Change** • **Cancel**

Name of Bank _____

Bank Phone _____

Employee Signature _____ **Date:** _____

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

SOCIAL SECURITY NUMBER: _____