

Direct Deposit Authorization/Change Form



1. Complete all information on this form and sign the authorization
2. For checking accounts: attach a voided check (or photocopy of a check)
3. For savings accounts: attach a deposit slip
4. Once complete, fax all information to AdminPro at 1-888-989-8329

Participant Information

I am (check one) Beginning Canceling Changing a Direct Deposit account.

Employee Name (First MI Last)

Employer Name

Employee ID

Daytime Phone

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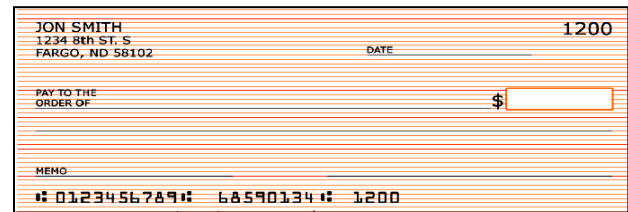
Social Security Number

Email Address

(Mandatory - all account notifications will be sent via email)

Financial Institution Information

Account Number*



Transit / ABA Number*

Financial Institution Name

Financial Institution Address

City

State

Zip

Account Type: Checking Savings

Employee Authorization

I authorize AdminPro, Inc. to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account show above. This authorization will remain in effect until AdminPro receives written notification from me of its change or termination at such time and manner as to afford AdminPro reasonable opportunity to act on it.

Employee Signature

Date