

Direct Deposit Authorization Form

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Section 1: Employee Contact information

EMPLOYEE NAME: LAST	FIRST	MIDDLE INITIAL	COMPANY NAME
LAST FOUR DIGITS OF SOCIAL SECURITY NO.		DAYTIME PHONE NUMBER	EMAIL ADDRESS <input type="checkbox"/> check if new
HOME ADDRESS: STREET <input type="checkbox"/> check if new	CITY	STATE	ZIP

Section 2: Depository Information (PLEASE BE ADVISED A COPY OF CANCELLED CHECK IS REQUIRED WITH THIS FORM IN ORDER TO REIMBURSE BY DIRECT DEPOSIT)

DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP
ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE

I hereby authorize PlanSource hereinafter called COMPANY, to initiate credit entries to my account indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

X

EMPLOYEE SIGNATURE VERIFICATION _____ DATE _____

Please fax this form with a copy of a cancelled check to 877-767-8804 or mail to PlanSource, P.O. Box 160940, Altamonte Springs, FL 32714.



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