DIRECT DEPOSIT AUTHORIZATION



FOR QUESTIONS CALL: (877) 234-4420 | FAX COMPLETED FORM TO: (877) 234-4431

| REQUEST TYPE (SELECT ONE) |
|--|
| New |
| Change to existing instructions |
| EMPLOYEE INFORMATION |
| Last Name |
| First Name Social Security Number |
| DEPOSIT INSTRUCTIONS |
| Please choose one account: |
| Checking Account Number: |
| Savings Account Number: |
| I would like to deposit either \$ or % every pay period. Enter Dollar Amount Enter Percentage of Paycheck |
| I request that direct deposit begin and continue until I provide written notice to Applied Underwriters, Inc. to discontinue direct deposit. |
| AUTHORIZATION |
| I hereby authorize Applied Underwriters to initiate direct deposits and to initiate, if necessary, debit entries and adjustments for any direct deposit errors to my account(s). |
| Employee Signature Date |
| Please attach the required information as indicated below: |
| **REQUIRED** ATTACH VOIDED CHECK FOR CHECKING ACCOUNT or |
| ATTACH DEPOSIT SLIP FOR SAVINGS ACCOUNT (DEPOSIT SLIPS WILL NOT BE ACCEPTED FOR CHECKING ACCOUNTS) |