

Direct Deposit Form



Participant Information

Employer Name: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Birthday: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Banking Information

Banking Institution Name

City ST Zip Code

Transit/ABA Number

Banking Account Number

Checking

Saving

Frank FEBCO 123 Any Drive BG, Ky 42564	5555 _____, 20____
PAY TO THE ORDER OF _____	\$ _____
FINANCIAL INSTITUTION 000 BACK STREET ANYTOWN, USA 12345	sample
FOR _____	_____
:123456789: :12345678910: 5555	
Transit/ABA Number	Account Number Check Number

Signature *(Incomplete forms will not be processed)*

EMPLOYEE AUTHORIZATION

I authorize USAdmin to initiate credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my checking or savings account and to credit and/or debit the same to such account. This authorization will remain in full force and effective until written notification has been received by USAdmin Services. After such notification, I will allow reasonable time for USAdmin Services to adjust my records accordingly.

Employee Signature: _____ Date: _____

Fax this form to (423) 634-0625

**USADMIN SERVICES, LLC
P.O. Box 21550
Chattanooga, TN 37424-0550**

www.usadmin.com

Form: DIRECTDEPOSIT

Customer Service: 1-855-872-3646