



**Diversified
Administration, Inc.**
Tax Savings For Employers & Employees

E-mail: Claims@Div125.com
Fax: 954-983-9695
Mail: 6161 Washington Street
Hollywood, FL 33023
Phone: 954-983-9970

Employee Direct Deposit Authorization Form

Participant Information

Employer Name: _____

First Name: _____ Last Name: _____ SSN: _____ - _____ - _____

Attach VOID Check Below

Please attach a copy of your void check in the space below, or on a separate page. You may also enter your account and routing numbers on the line below. **DO NOT** attach a Deposit Slip because deposit slips do not show the necessary information.

| | |
|--|-----------|
| Joan Doe Anywhere, USA | |
| PAY TO THE ORDER OF \$ _____ | \$ _____ |
| _____ DOLLARS | |
| YOUR TOWN BANK YOUR TOWN, AR 123456 | |
| FOR _____ | _____ |
| I, 25550005I, 1234556789022II* | Signature |

Routing Number: _____ Account Number: _____

Account Type: Checking Account Savings Account

Bank Name: _____

Account Holder's Signature

By signing this agreement, I authorize the Plan Service Provider to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Primary Account Holder's Signature: _____

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Secondary Account Holder's Signature: _____