



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

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# 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: