

Section 125 Flexible Benefit Plan Direct Deposit Form

Authorization Agreement for Automatic Deposits (ACH Credits)



EMPLOYEE INFORMATION *(Please Print)*

FIRST NAME	MI	LAST NAME	SSN
EMPLOYER		EMAIL ADDRESS	

I hereby authorize First Financial Administrators, Inc., hereinafter called "COMPANY" to initiate credit entries to my
(select one) Checking Savings
account and the depository named below, hereinafter called "DEPOSITORY", to credit the same such account.

DEPOSITORY INFORMATION

DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP

VOIDED CHECK

PLEASE ATTACH AN ORIGINAL OR A COPY OF A VOIDED CHECK HERE.

SUBMIT FORM AND VOIDED CHECK TO:

Attach your voided check in the space allotted and mail back to us. It will take approximately two weeks from the date that we receive this authorization for direct deposits to begin.

MAIL: First Financial Administrators, Inc. FAX: 800-298-7785
 P.O. Box 161968 -OR-
 Altamonte Springs, FL 32716

EMPLOYEE SIGNATURE *(REQUIRED)*

This authority is to remain in full force and effect until COMPANY has received written notification from me of it's termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE: _____ DATE _____