

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 800.650.5904
F: 302.791.5680
www.advisorbank.com

This form authorizes an employer or other organization to establish direct deposit into a checking and/or savings account that you have selected.

Instructions:

1. Complete Part 1 of this authorization form.
2. Staple a voided check or deposit slip for each account that will be receiving funds onto Part 2.
3. Sign at Part 3.
4. Return the completed form to your employer.

PART 1: Direct Deposit Information

I authorize _____ (employer name) to initiate credit entries, and, if necessary, to initiate any debit entries to correct a previous credit error, to my account at Advisor Bank. I authorize the following credit to be made (check only one box for each account):

Account 1:

- Employer Contribution
- Deposit Amount: \$ _____
- Deposit Entire Net Amount

Account 2:

- Employer Contribution
- Deposit Amount: \$ _____
- Deposit Entire Net Amount

PART 2: Voided Check/Deposit Slip

Please attach a voided check or deposit slip for each bank account to which funds will be deposited.

PART 3: Signature

I understand that this authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination.

Name:
(please print)

Date:
(mm/dd/yyyy)

Signature: