

Direct Deposit Form



Febco Benefits Administration

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

FOR _____

:123456789: :12345678910: 5555

Transit/ABA Number Account Number Check Number

Signature *(Incomplete forms will not be processed)*

EMPLOYEE AUTHORIZATION

I authorize Febco 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 Febco. After such notification, I will allow reasonable time for Febco, Inc. to adjust my records accordingly.

Employee Signature: _____ Date: _____

Fax this form to: (502) 695-9692	Febco Benefits Administration PO Box 5010 Frankfort, KY 40602
www.febco.com	Form: DEPOSIT03252015
	Customer Service: 1-800-489-1539