

# Direct Deposit Form



USAdmin Services, LLC (Febco Division)

## 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

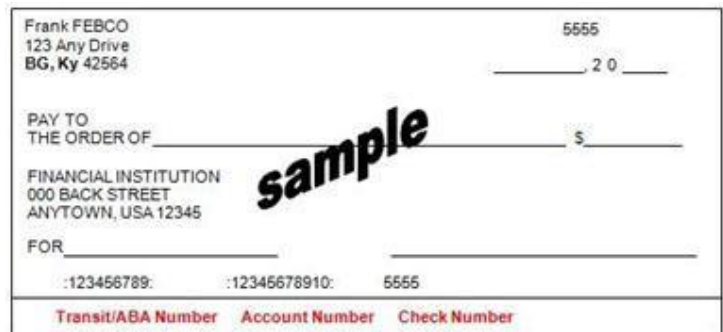
\_\_\_\_\_  
Banking Institution Name

\_\_\_\_\_  
City                      ST                      Zip Code

\_\_\_\_\_  
Transit/ABA Number

\_\_\_\_\_  
Banking Account Number

Checking                       Saving



## 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 or  
(423) 634-0625**

**USAdmin Services, LLC (Febco Division)**  
PO Box 11045  
Chattanooga, TN 37401

[www.febco.com](http://www.febco.com)

Form: DIRECTDEPOSIT

Customer Service: 1-855-872-3646