

DIRECT DEPOSIT INFORMATION

Employer Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

BANKING INFORMATION

Begin Direct Deposits Change Existing Information Cancel Direct Deposits

Bank Name	<input type="text"/>
Bank City	<input type="text"/>
Bank State	<input type="text"/>
Bank Phone #	<input type="text"/>
Routing# (9 digits)	<input type="text"/>
Account	<input type="text"/>

Type of Account Checking Savings

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Empower³ to deposit any amounts owed me by initiating credits to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by EMPOWER³ to my account. In the event that EMPOWER³ deposits funds erroneously into my account, I authorize EMPOWER³ to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until EMPOWER³ and BANK have received written notice from me of its termination in such time and in such manner as to afford EMPOWER³ and BANK a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____

Please send completed form to:
Fax: 877-227-1753
Email: hradocs@empower3cfh.com