



DELTA ADMINISTRATIVE SERVICES

Direct Deposit Form

I _____ hereby authorize Delta Administrative Services to initiate credit entries to the following account:

- New Authorization
- Change
- Cancel
- Set \$ Amount _____
- or
- Net (100%)
- Checking
- Savings

Bank/Depository Name: _____

Account Name: _____

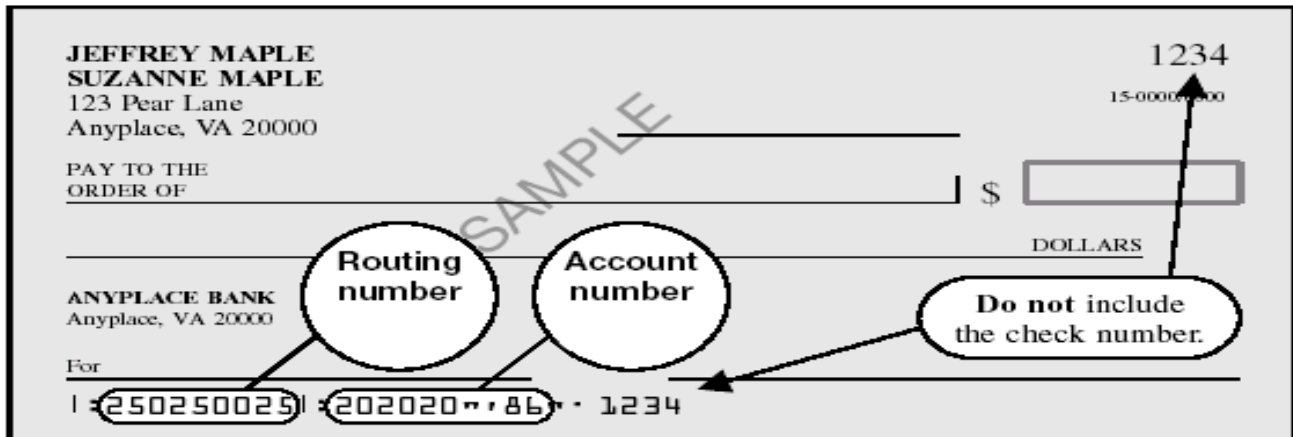
Account Number: _____ Routing: _____

City/State/Zip: _____

This authorization is to remain in effect until Delta Administrative Services has received written notification from me of its termination, in such time and in such manner as to afford Delta Administrative Services and Bank/Depository a reasonable opportunity to act on it.

Name: _____ S.S. Number: _____

Signature: _____ Date: _____



Note. The routing and account numbers may be in different places on your check.

Please attach a copy of a VOIDED check for verification purposes.

OFFICIAL USE ONLY PRORATE: _____ DD: _____ Client: _____