

EMPLOYER DIRECT DEPOSIT AUTHORIZATION FORM

_____ authorizes Plan Service Provider O.C.A. Benefit Services to originate credit/debit entries to and from the below named account through the EFT Services provided by DataPath Administrative Services, Inc. (DPAS).

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Effective Date: _____ Type of Account: Checking Savings

Account Number (Include hyphens, but not spaces and special symbols)

(See check example)

Routing Transit Number

(All nine boxes must be filled. The first two numbers must be either 01 through 12 or 21 through 32.)

-----ATTACH A VOIDED CHECK HERE. -----

DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.

Joan Doe Anywhere, USA	1234
PAY TO THE ORDER OF _____	\$ _____
	_____ DOLLARS
YOUR TOWN BANK YOUR TOWN, AR 123456	
FOR _____	VOID
⑆ 25000005⑆ 1234556789022⑆	

Information Provided By: _____ (Please print name.)

This authority is to remain in full force and effect until O.C.A. Benefit Services and Bank have received written notification of its termination in such time and in such manner as to afford O.C.A. Benefit Services and Bank a reasonable opportunity to act upon it.

Title: _____

Signature: _____ Date Signed: _____

Verified by O.C.A. Benefit Services:

Title: _____

Signature: _____ Date Signed: _____