

PIOPAC Fidelity

THIRD PARTY ADMINISTRATION

“Security, Integrity, Trust”

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize PIOPAC Fidelity to initiate credit entries and, if errors occur, I authorize correcting entries to my account indicated below.

Financial Institution Name/ Location	Transit Routing Number	Account Number	Type of Account Checking or Savings

This authority is to remain in full force until I terminate this authorizations in writing.

Print Name: _____ Employer: _____

Daytime Phone: _____ Email Address: _____

Date: _____ Signature: _____ Soc.Sec.No. _____

Note: Please attach a voided check to this authorization.

Return to: PIOPAC Fidelity – 1132 Bishop Street #2101 – Honolulu, HI 96813-2830

Reprocess Fee: \$15.00

Mr. or Mrs. Direct Deposit 1234 Hawaii Street Cityville, HI 54321		_____
Pay to the Order of _____	-----S-A-M-P-L-E-----	\$ _____
		_____ Dollars
Bank of HONHI (1) 123 Kamehameha Rd.		
:1 2 3 4 5 6 7 8 9 -: (2)	:0 0 0 1-:	:1 2 - 3 4 5 6 7 8-: (3)

(1) – Financial Institution Name / Location

(2) – Transit Routing Number

(3) – Account Number