PIOPAC Fidelity

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 – 1164 Bishop Street #1200 – Honolulu, HI 96813-2830

Mr. or Mrs. Direct Deposit
1234 Hawaii Street
Cityville, HI 54321

_____

Pay to the --------S-A-M-P-L-E--------
Order of_____$_____

_____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