



**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**

\*There is a re-processing fee of \$15.00 if the deposit is returned (for any reason) or due to closed account or incorrect information entered/submitted.

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**