Direct Deposit

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Safe

Secure

Nothings beats it.

- Prompt funds without waiting in line
- No lost or stolen refund checks
- Payments fully traceable
- Better cash flow

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Simply complete the authorization form located on the reverse side and return it to National Plan Administrators, Inc.



NATIONAL PLAN ADMINISTRATORS, INC.



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I (we) hereby authorize National Plan Administrators, Inc. hereinafter called "Company" to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called "Bank," and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Company Name: National Plan A	dministrators, Inc.
Company Address: 1101 Capital	of TX Hwy South, Bldg. E, Suite 100, Austin, TX 78746
	Employer/District:
Employee Address:	SS#:
Name(s) on Bank Account:	
Account Number:	Please indicate one: Checking Savings
Bank Name:	Bank's Routing/transit No.:
Bank Address: City, State, Zip:	
This authorization is to remain in full for either of us) of its termination in such opportunity to act on it.	rce and effect until Company has received written notification from me (or time and in such manner as to afford Company and Bank a reasonable
Would you like to be notified of ☐ YES, Please send me notified	your Direct Deposit via email? ation of my Direct Deposit via email.
My email address is:	
PLEASE	ATTACH VOIDED CHECK HERE
Authorized Signature: (Signature must match signature card on acc	Date:

Phone: (800) 880-2776 = Fax: (800) 982-8140 = P. O. Box 161630 = Austin, TX 78716