



Direct Deposit Agreement Form

Employer Name: _____ Group Number: _____

Employee Name: _____ Last 4 of SSN: _____

Authorization Agreement

I hereby authorize **Precision Administrators, Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Precision Administrators, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Precision Administrators, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. There is no guarantee that a deposit will be processed by **Precision Administrators, Inc.** on any given day.

This agreement will remain in effect until **Precision Administrators, Inc.** receives a written notice of cancellation from me or my financial institution or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Authorization

Authorized Signature: _____ Date: _____

Please note: If this form is submitted electronically, type your name in the signature line to consent to the agreement.

Please attach a voided check for a checking account or
a deposit slip for a savings account
and return this form to:

Precision Administrators, Inc.
3240 W. Britton Road, Suite 202
Oklahoma City, OK 73120
customerservice@paitpa.com

Phone (405) 507-0800
Toll Free (800) 615-2797
Fax (405) 507-0700
www.paitpa.com