

Attach your voided check in the space allotted and mail back to us. It will take approximately two weeks from the date that we receive this authorization for direct deposits to begin.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize First Financial Administrators, Inc., hereafter called COMPANY, to initiate credit entries to my (select one)

checking savings

account and the depository named below, hereinafter called DEPOSITORY, to credit the same such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

PLEASE ATTACH AN ORIGINAL OR A COPY OF A VOIDED CHECK.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SS# _____

SIGNATURE _____

DATE _____ EMPLOYER _____

ATTACH VOIDED CHECK HERE:

Mail to: First Financial Administrators, Inc.
P.O. Box 670329, Houston, TX 77267-0329

or
Fax to: (800) 298-7785