

Direct Deposit



Employer Name: _____

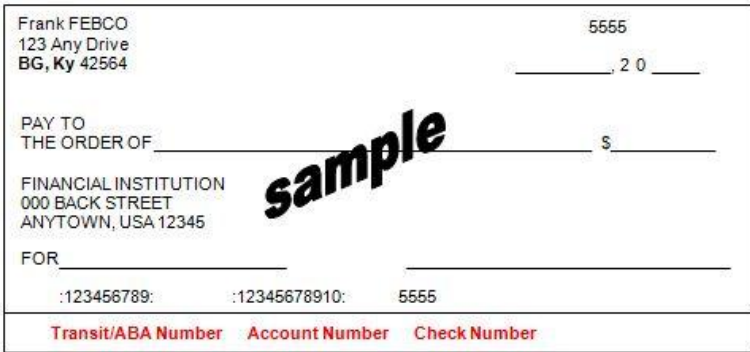
Employee Name: _____

Social Security: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____



Banking Institution Name

City ST Zip Code

Transit/ABA Number

Banking Account Number

Checking Savings

EMPLOYEE AUTHORIZATION

I authorize Febco, Inc. to initiate credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my checking or savings account and (**MY EMPLOYER**) to credit and/or debit the same to such account. This authorization will remain in full force and effective until written notification has been received by Febco, Inc. After such notification, I will allow reasonable time for Febco, Inc. to adjust my records accordingly.

Employee Signature: _____ Date: _____

If you have questions, feel free to call **Febco, Inc.** toll-free 1-800-489-1539.

Customer Service is available to assist you, Monday through Friday, 8:00 A.M. until 4:30 P.M., Eastern Time.

Please fax this form to: 502-695-9692