

Administrative Solutions, Inc. (ASi)

Direct Deposit Authorization Form

Employer Name: _____

Employee Information:

Last Name: _____ First Name: _____

SSN: _____ Date of Birth: _____

Mailing Address:

Street City State Zip

DIRECT DEPOSIT ELECTION AUTHORIZATION

I elect and direct Administrative Solutions, Inc. to initiate deposits and/or corrections to the financial institution listed below:

Checking

Routing #: _____

Account #: _____

Savings

Bank Name: _____

Direct Deposit Reimbursements are electronically deposited into your bank account. **A copy of your voided check must be attached.** Deposit slips are not accepted.

*****PLEASE ATTACH COPY OF VOIDED CHECK*****

I certify the information above to be correct and true to the best of my knowledge. I further understand electronic funds transfer (EFT) will be initiated on the normal check run date. Deposits may take up to three (3) business days to appear in the designated account. Returned items due to incorrect banking information will be assessed a \$25.00 fee.

Employee Signature

Date



P.O. Box 5809, Fresno CA 93755

Phone: (559) 256-1320 Fax: (559) 475-5786 Toll Free 1866-777-1320

Email: eligibility@asibenefits.com