

DIRECT DEPOSIT FORM

I (we) hereby authorize TRISTAR Benefit Administrators, Inc. hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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.

BANK / CREDIT UNION INFORMATION

Financial Institution Name: _____

Branch Name (optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

⑆001234567⑆ 987654321⑆ 3401

9-Digit Routing Number

Account Number

Check #

Type of Account: Checking: Savings:

AUTHORIZATION

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

Employer Name: _____

Print Individual Name: _____

Print Individual ID Number (e.g. Soc Sec Number): _____

Signature: _____

Date: _____ Email Address: _____

YOU MUST ATTACH COPY OF A VOIDED CHECK TO THIS FORM!

If you should ever close this bank account, you must immediately submit a new form, attach a voided check for your new bank account and submit the form to TRISTAR Benefit Administrators.

Please retain a copy for your own records.

TRISTAR Benefit Administrators