

Direct Deposit Form

Please Print Clearly



PERSONAL INFORMATION

Company Name:	Social Security:
Employee Name:	Phone:
Address:	City, State, Zip Code:
Email:	<input type="checkbox"/> Please check if this is a new address

BANKING INFORMATION

- Begin Direct Deposit Change Existing Information Cancel Direct Deposit

Routing # _____

Account # _____

Type of Account

- Checking Savings

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize CATAPULT to deposit any amounts owed to me by initiating credits to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit entries indicated by CATAPULT to my account. In the event that CATAPULT EMPLOYERS ASSOCIATION deposits funds erroneously into my account, I authorize CATAPULT to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until CATAPULT and BANK have received written notice from me of its termination in such time and in such manner as to afford CATAPULT and BANK a reasonable opportunity to act on it.

Participant Signature (**Void if not signed**)

Date Signed

Please include a voided check or bank slip

Send your completed form to (please attach a voided check in the space provided above):

CATAPULT

Attn: FSA Services

Fax: 704.944.6076 | Email: benefits@letscatapult.org

9140 Arrowpoint Blvd, Suite 140, Charlotte, NC 28273