



Group Administrators, Ltd.

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Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Group Administrators to initiate automatic deposits to my account at the financial institution named below. I also authorize Group Administrators to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Group Administrators responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Group Administrators receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Information

Employee Name: _____
Social Security Number or
Alternate ID: _____

Account Information

Name of Financial Institution: _____ ☐ Checking | ☐ Savings

Routing Number:

Account Number:

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check.