

This form authorizes an employer or other organization to establish direct deposit into a checking and/or savings account that you have selected.

Instructions:

1. Complete Part 1 of this authorization form.
2. Staple a voided check or deposit slip for each account that will be receiving funds onto Part 2.
3. Sign at Part 3.
4. Return the completed form to your employer.

PART 1: Direct Deposit Information

I authorize _____ (employer name) to initiate credit entries, and, if necessary, to initiate any debit entries to correct a previous credit error, to my account at SEI Cash Access. I authorize the following credit to be made (check only one box for each account):

Account 1:

- Employer Contribution
- Deposit Amount: \$ _____
- Deposit Entire Net Amount

Account 2:

- Employer Contribution
- Deposit Amount: \$ _____
- Deposit Entire Net Amount

PART 2: Voided Check/Deposit Slip

Please attach a voided check or deposit slip for each bank account to which funds will be deposited.

PART 3: Signature

I understand that this authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination.

Name: (please print)	Date: (mm/dd/yyyy)
Signature:	