( ) New Request
( ) Name/Address Change
( ) Bank Information Change

ACCOUNTS PAYABLE
DIRECT DEPOSIT AUTHORIZATION

Date _____

Name _____ **Division** _____
(Please Print)

Payment Notice To Be Sent To: _____
Street

_____
City State Zip

Attach a VOID CHECK*

*This request maybe delayed if a check copy is not attached.

ACCOUNT INFORMATION

Financial Institution Name _____

City and State of Financial Institution _____

Type of Account: **( ) CHECKING (attach void check) ( ) SAVINGS (verify ABA# with your bank)**

Transit/ABA Number _____

Account Number _____

I hereby authorize my employer, the above named division of BISYS, to initiate credit entries to my account listed above. This authority will remain in effect until I have filed a new authorization or until revoked by me or upon termination of my employment with BISYS.

NOTE: New direct deposit set-up or changes to existing direct deposits must go through a pre-notification test for the purpose of verifying the accuracy of the numbers. This pre-notification takes one payment cycle to complete. You will continue to receive a live negotiable check during this period.

_____ _____
Associate Signature Date

Forward Completed Form To: Crump Life Insurance
ATTN: Accounts Payable
4250 Crums Mill Road
Harrisburg, PA 17112