

PIOPAC Fidelity

THIRD PARTY ADMINISTRATION

“Security, Integrity, Trust”

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize PIOPAC Fidelity to initiate credit entries and, if errors occur, I authorize correcting entries to my account indicated below.

| Financial Institution Name/ Location | Transit Routing Number | Account Number | Type of Account Checking or Savings |
|---|---------------------------|-------------------|--|
| | | | |

This authority is to remain in full force until I terminate this authorizations in writing.

Print Name: _____ Employer: _____

Daytime Phone: _____ Email Address: _____

Date: _____ Signature: _____ Soc.Sec.No. _____

Note: Please attach a voided check to this authorization.

Return to: PIOPAC Fidelity – 1132 Bishop Street #2101 – Honolulu, HI 96813-2830

Mr. or Mrs. Direct Deposit
1234 Hawaii Street
Cityville, HI 54321

Pay to the Order of _____ -----S-A-M-P-L-E----- \$ _____

_____ Dollars

Bank of HONHI (1)
123 Kamehameha Rd.

:1 2 3 4 5 6 7 8 9 -: (2) :-0 0 0 1-: :-1 2 - 3 4 5 6 7 8-: (3)

(1) – Financial Institution Name / Location

(2) – Transit Routing Number

(3) – Account Number