



**Direct Deposit Authorization**

Please send this form to:  
FBA of Syosset  
100 Quentin Roosevelt Blvd. Suite 502  
Garden City, NY 11530  
1-855-FRINGER1  
Info@fbaofsyosset.com

**Personal Information**

Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Last four digits of SSN#: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (Checking or Savings): \_\_\_\_\_

**Where to Find the Routing and Account Number**

The Routing Number is the nine digit number on the bottom left hand corner of you check.

The Account Number is located to the right of the Routing Number:

If you are unsure about where the Routing Number and Check Number are please attach a voided check.

**Employee Certification**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing above I authorize FBA to initiate debits and /or credits to or from my bank account  
Indicated above. Debits will only be initiated in order to correct a prior reimbursement error.

My authorization will remain in effect until I provide a written notification of the termination of this  
Authorization or change my direct deposit information on-line. A reasonable amount of time will be  
Provided for FBA to apply any changes requested.