

Paul E. Nyquist



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Direct Deposit Authorization

I, the undersigned, do hereby authorize NFA to deposit my check as indicated below. This authority is to remain in full force and effect until NFA has received notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

A VOIDED CHECK MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER.

_____ New Deposit or _____ Change Deposit (check one)

_____ Checking or _____ Saving (check one)

Name of Bank _____

Routing Number _____

Is this electronic deposit for:

_____ Company or _____ Individual (check one)

Printed Name _____

Signature _____

Tax ID or Social Security Number _____

Effective Date _____

Telephone Number _____ Email: _____

Tape copy of voided check here. Forms without voided check will not be processed.

Mail, Email or Fax form to:

1325 American Blvd E, Ste 5A

Bloomington, MN 55425

FAX: 952-854-0209

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