

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 \_\_\_\_\_

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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

aperkins@nfamn.com