

DIRECT DEPOSIT AUTHORIZATION

Employer: _____

Employee Name: _____ SSN: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email Address: _____

I hereby authorize Hirsch Financial Services, Inc. to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my financial institution listed below. **I have also attached a voided check for account verification.**

Name of my Financial Institution: _____

Branch City: _____ Branch State: _____

Transit Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Hirsch Financial Services, Inc has received written notification from me of its termination in such time and manner to afford Hirsch Financial Services, Inc. and Financial Institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE

Please contact Hirsch Financial Services, Inc. (HFS) with any questions.

**Hirsch Financial Services, Inc.
P.O. Box 1550
Hunt Valley, MD 21030-1550**

**Phone: 410.771.1331 - Toll-Free: 888.460.8005
Fax: 410.771.5533 - Toll-Free Fax: 888.510.4218**