SF POSTAL PDA

PAYROLL DEDUCTION AUTHORIZATION

*For NEW Accounts, do NOT set up allotment before approval

*For Combined Allotments, the combined financial institution will receive their funds the Monday following the actual pay date

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER:

NAME OF FEDERAL EMPLOYEE:

ADDRESS:

Street **City** **ST** **ZIP**

EMAIL ADDRESS:

CELL/HOME PHONE:

GROUP: Superior Funding

PAYROLL DEDUCTION INFORMATION

BANK ROUTING: 061 000 227

ALLOTTEE'S ACCT# (ADD LAST SIX DIGITS OF SSN#)

1	0	0	4	7	0	0	0	0	0	0						

TYPE OF DEPOSITOR ACCT: CHECKING

TOTAL BIWKLY DEDUCTION _____

TO INITIATE THE PAYROLL DEDUCTION PROCESS, PLEASE PROVIDE THE FOLLOWING:

ID#_____ PIN#/PASSWORD _____

CONFIRMATION#_____ START DATE _____ PAY PERIOD_____

DISBURSEMENT INFORMATION

PROVIDER	BIWKLY PREMIUM	SPECIAL INSTRUCTIONS:
Superior Funding Postal		
PREMIUM SUB-TOTAL:		
NON-REFUNDABLE ADMINISTRATIVE FEE :	$2.50	(per allotment processed)
TOTAL BIWKLY PAYROLL DEDUCTION:		Round UP for all Federal Agencies EXCEPT Postal (enter amount above in Total Biwkly Ded)

SIGNATURES

AGENT (PRINT) Superior Funding

AGENT PHONE: (888) 278-5888 **AGENT EMAIL: apply@superiorfunding.net**

I hereby authorize Transaction Allotment Inc (TAI) to receive my payroll deduction into their Wells Fargo Account (identified by my Social Security Number), and indicated above in the Biweekly Allotment Amount. I also authorize TAI to distribute that amount as indicated above. I further authorize TAI to disclose my Social Security Number and other nonpublic personal information to third parties as necessary to effect and administer the services to be performed by TAI hereunder. I further agree that if my employer fails to deduct and/or transmit the required payments, whether intentionally, inadvertently or otherwise, TAI shall have no liability whatsoever with respect thereto even though such failure results in the forfeiture of any and all insurance policies or contracts. I further understand that any insurance coverage will only be effective upon the date of coverage stated on the respective policy(s) and after premium money has been collected and applied by the insurance carrier. Rev 11/6/12

SIGNATURE OF ENROLLEE: **DATE:**