

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION
BROADSPIRE – A CRAWFORD COMPANY DISABILITY &
LEAVE MANAGEMENT OPERATIONS
PO BOX 14773, Lexington, KY 40512
TEL: 877-232-0596 FAX: 859-550-2744



INSTRUCTIONS:

This document must be completed and signed by the employee requesting automatic deposit of paychecks and retained on file by Broadspire. This form may be faxed to fax number listed above or mailed to the address above.

*****Please include a voided copy of your check*****

ACCOUNT 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Authorization

This authorizes Broadspire Services Inc. (the "Company"), to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated above and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____

Employee ID #: _____

Print name: _____

Date: _____