



Tower Administrative Services, Inc.  
8 Marticville Road  
Lancaster, PA 17603

PostalEASE (877) 477-3273  
Fax (717) 584-0277  
(717) 872-8576  
(800) 437-1670 Extension 33

## FAST PAY B-4 PAYROLL DEDUCTION AUTHORIZATION

### First Priority Credit Union

*\*Please Print*

#### EMPLOYEE INFORMATION

Employee Name (Last, First, Middle Initial)		Email Address														
Employee Home Address (Street)																
Employee Home Address (City, State, Zip)																
Social Security Number _ _ - _ - _	Home Phone # (000) 000-0000	Work Phone # (000) 000-0000														
Bank Routing Number <b>211080725</b>	<input type="checkbox"/> Start Allotment <input type="checkbox"/> Change Allotment (existing \$ Amount _____)	Type of Depositor Account <b>CHECKING</b>														
Allottee's Account Number (Use <b>LAST</b> 6 digits of SS#) <table border="1"><tr><td>3</td><td>3</td><td>3</td><td>0</td><td>2</td><td>6</td><td>4</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		3	3	3	0	2	6	4	0							Total Pay Period Deduction Amount \$
3	3	3	0	2	6	4	0									
Confirmation Number	Start Date ____/____/____	Pay Period														

#### DISTRIBUTION OF PAYROLL DEDUCTION

COMPANY NAME (S)	POLICY #	AMOUNT
1.		
2.		
3.		
Administrative Fee		3.00

#### FAST PAY DISTRIBUTION

COMPANY	ACCOUNT #	Type: (C)hecking or (S)avings	ROUTING #	AMOUNT
1.		( )		
2.		( )		
Fast Pay Fee:				1.00
Total Pay Period Deduction Amount:				

Dollar Amounts Must Match

#### SIGNATURES

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name (Please Print) \_\_\_\_\_

I hereby authorize Tower Administrative Services, Inc. (TAS) to receive my payroll deduction indicated above in the TOTAL PAY PERIOD DEDUCTION AMOUNT, into TAS checking account at FPCU (identified by my Social Security Number). I also authorize TAS to distribute that amount to the provider company or its' agents as indicated above or assigns.

I further authorize TAS 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 TAS hereunder.

I further agree that if my employer fails to deduct and/or transmit the required payments, whether intentionally, inadvertently or otherwise, TAS or their Financial Institution 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.