



**PDA**  
**PAYROLL DEDUCTION AUTHORIZATION**

**MAIL OR FAX TO:**  
**TAI / PROFESSIONAL BENEFIT ADMINISTRATORS**  
1000 HURRICANE SHOALS RD, NE Ste. C-370  
LAWRENCEVILLE, GA 30043

**FAX: 770-963-6126 OR 888-264-6975**  
**PHONE: 770-963-3939 OR 800-578-2082**

**EMPLOYEE INFORMATION**

**SOCIAL SECURITY NUMBER:**

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**NAME OF FEDERAL EMPLOYEE:**

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**ADDRESS:**

|        |      |    |     |
|--------|------|----|-----|
| Street | City | ST | ZIP |
|--------|------|----|-----|

**EMAIL ADDRESS:**

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**CELL/HOME PHONE:** \_\_\_\_\_ **FEDERAL AGENCY:** \_\_\_\_\_

**8**

**BANK ROUTING: 061 000 227** **ALLOTTEE'S ACCT# (ADD LAST 4 DIGITS OF SSN#)**

|   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| 8 | 7 | 7 | 6 | 7 | 8 | 2 | 5 | 7 | 7 | 8 | 2 | 7 |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

**TYPE OF DEPOSITOR ACCT: CHECKING** **TOTAL BIWKLY DEDUCTION** \_\_\_\_\_

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

**CONFIRMATION#** \_\_\_\_\_ **START DATE** \_\_\_\_\_ **PAY PERIOD** \_\_\_\_\_

**DISBURSEMENT INFORMATION**

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

**SIGNATURES**

**AGENT (PRINT)**

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**AGENT PHONE:** \_\_\_\_\_ **AGENT EMAIL:** \_\_\_\_\_

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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 wiii oniy 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:** \_\_\_\_\_