



# First Capital Payment Authorization Form

Fill out this form and return to your Trust Service Administrator. You can also mail or fax to:  
First Capital Surety & Trust Co., 230 W. Wells Street, Suite 402, Milwaukee, WI 53203  
FAX: 414-347-1440

You have two convenient electronic options:

**AccelaPay Card**

With the AccelaPay Card, your pay will be deposited onto a prepaid Visa card. The AccelaPay Card can be used to make purchases or get cash back everywhere Visa debit cards are accepted worldwide. (Your AccelaPay Card will arrive in 5-7 business days)

**OR**

**Direct Deposit**

By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address \_\_\_\_\_

[Only fill out following information if choosing Direct Deposit.]

Checking

Savings

Note: Make sure to attach a voided check at the bottom of the form.

Depository (Bank) Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA# \_\_\_\_\_ Account# \_\_\_\_\_

I authorize First Capital Surety & Trust Company and the financial institution listed below to initiate electronic credit entries to my account indicated below. This authority will remain in effect until I have canceled it in writing.

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

**If choosing direct deposit...**  
**PLEASE ATTACH A VOIDED CHECK OR COPY OF CHECK HERE**  
**Do not attach a deposit slip, the routing number is not always correct**

