



FORM 1

Electronic Transaction Checklist

Direct Deposits:

| Deposit Type | Company/Institution Name | Account Number | Amount | Date | Completed |
|----------------------|--------------------------------|----------------|--------|------|-----------|
| Payroll | | | | | |
| Social Security | Social Security Administration | | | | |
| Pension/Retirement | | | | | |
| Investment/Brokerage | | | | | |
| Other: | | | | | |
| Other: | | | | | |

Preauthorized Payments/Transfers:

| Deposit Type | Company/Institution Name | Account Number | Amount | Date | Completed |
|--------------------------|--------------------------|----------------|--------|------|-----------|
| Mortgage | | | | | |
| Home Insurance | | | | | |
| Auto Loan | | | | | |
| Auto Insurance | | | | | |
| Life Insurance | | | | | |
| Electricity/Gas | | | | | |
| Telephone/Cell | | | | | |
| Water | | | | | |
| Cable/Satellite/Internet | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |