

**FLEXIBLE BENEFIT PLAN
 AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)
 (If offered by Employer)**

EMPLOYER _____
 (Please print above)

I hereby authorize my **EMPLOYER/ADMINISTRATOR** to initiate credit entries to my

- Checking
- Savings

Account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit the same to such account. I also authorize the **EMPLOYER/ADMINISTRATOR** to draw drafts on my account or to initiate debit entries to my account, for the purpose of withdrawing money from my account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The **DEPOSITORY** shall not be liable for honoring any draft, debit entry or withdrawal initiated by the **EMPLOYER/ADMINISTRATOR**.

Depository Name:	Office:
City:	State and Zip Code:
Bank Transit/ABA Number:	Account Number:

This authority is to remain in full force and effect until termination from the plan or notification in writing by the participant.

- My account information will remain the **SAME AS LAST YEAR**.
 (Complete section below only)

 Name Social Security Number

 Date Signature

***Attach a voided check to this authorization agreement.**
 (No voided check necessary to continue direct deposit "SAME AS LAST YEAR", just signature)

Mail This Form To: Flexible Benefit Administrators, Inc. P.O. Box 8188, Virginia Beach, VA, 23450	Fax Form To: Flexible Benefit Administrators, Inc. Fax Number: 757-431-1155
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Please DO NOT mail your form if you fax it. Thank you.