Authorization Agreement for Direct Deposits

Benefit Administration Company

I hereby authorize Benefit Administration Company to initiate deposits to the bank account(s) indicated below. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my account(s).

Employer:

Daytime Phone Number: _____

This account is: (please check one of the following options)

❒ New ❒ Change ❒ Cancel

Transit ABA Routing #	Account Number	Account Type (Checking/Savings)

Name of Bank: _____

Bank Address: _____

_____

Bank Phone: _____

_____

Please print your name Social Security Number

_____ _____

Signature Date

PLEASE ATTACH A VOIDED CHECK.

(DEPOSIT SLIPS DO NOT ALWAYS HAVE THE CORRECT TRANSIT ABA ROUTING#. WE CANNOT CREDIT YOUR ACCOUNT WITHOUT A VOIDED CHECK.)

RETURN THIS COMPLETED AND SIGNED AGREEMENT, ALONG WITH THE ABOVE DOCUMENTS, TO: BENEFIT ADMINISTRATION COMPANY
P.O. BOX 550
SEATTLE, WA 98111-0550
(206) 682-8016 Fax

Deposits will begin to be made directly into your account within 3 - 4 weeks.

BAC
Benefit Administration Company LLC