

FLEX BENEFIT ADMINISTRATORS

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CLAIMS@FBAFLEX.COM

PO Box 800518

HOUSTON, TX 77280-0518

PHONE (713) 460-FLEX (3539)

FAX (713) 460-3550

Direct Deposit Authorization Agreement

New

Change

I hereby authorize Flex Benefit Administrators, hereinafter called "COMPANY", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called, DEPOSITORY, to credit and/or debit the same such account.

Participant Details:

Employer Name: _____

Email Address: _____

Employee Name: _____ SS # _____

Please consider this your authorization to deposit/withdraw proceeds into/from my checking/savings account as listed below:

Bank Name: _____

Transit/Routing Number: _____

Account Number: _____

Account Type: Checking Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. (Must be authorized signatory on the checking/savings account listed above). A Return Fee will apply if my file is returned to Flex Benefit Administrators for any reason.

Authorized Signature: _____ Date: _____

ATTACH A COPY OF A VOIDED CHECK HERE AND FAX TO (713) 460-3550