

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**  
**BENEFIT SYSTEMS, INC.**  
**SECTION 125 PLAN CLAIMS DEPARTMENT**

**All information is required to be completed and submitted with a copy of a voided check.** If any information is not complete the automatic deposit will not be initiated.

EMPLOYER NAME \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SS # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ *(explanation of benefits will be sent via email only)*

I (we) hereby authorize Benefit Systems Inc, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) \_\_\_ Checking \_\_\_ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY  
NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until Benefit Systems, Inc. has received written notification from me of its termination in such time and in such manner as to afford Benefit Systems, Inc. and DEPOSITORY a reasonable opportunity to act on it.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Form should be submitted to:

Benefit Systems, Inc  
Section 125 Plan Division  
P. O. Box 1119  
Round Rock, TX 78680

fax 512-252-1621  
phone 512-252-8140  
email: 125@benefitsystems.org

**ATTACH VOIDED CHECK BELOW**