



AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS

I HEREBY AUTHORIZE AND REQUEST A PLUS BENEFITS INC.(A PLUS) , TO MAKE ELECTRONIC DEPOSITS OF ANY AMOUNTS OWING TO ME BY INITIATING CREDIT ENTRIES TO MY ACCOUNT INDICATED BELOW IN THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED BANK TO ACCEPT ANY CREDIT ENTRIES INITIATED BY A PLUS TO SUCH ACCOUNT AND TO CREDIT THE SAME TO SUCH AN ACCOUNT. I ALSO AUTHORIZE A PLUS TO DEBIT MY ACCOUNT WHEN AN ERROR HAS OCCURRED AND CIRCUMSTANCES REQUIRE THAT SUCH ERROR BE CORRECTED.

IT IS UNDERSTOOD THIS AGREEMENT MAY BE TERMINATED, AT ANYTIME, BY WRITTEN NOTIFICATION TO A PLUS OR THE BANK. ANY SUCH NOTIFICATION TO A PLUS SHALL BE EFFECTIVE ONLY WITH RESPECT TO ENTRIES INITIATED BY A PLUS AFTER RECEIPT OF SUCH WRITTEN NOTIFICATION AND A REASONABLE OPPORTUNITY TO ACT ON IT. ANY SUCH NOTIFICATION TO THE BANK SHALL BE EFFECTIVE ONLY WITH RESPECT TO ENTRIES CREDITED TO MY ACCOUNT BY THE BANK AFTER RECEIPT OF SUCH WRITTEN NOTIFICATION AND A REASONABLE TIME TO ACT ON IT. A FIFTEEN (15) DAY INITIAL PROCESSING PERIOD IS REQUIRED FOR BANK SET-UP AND APPROVAL. ELECTRONIC TRANSFERS MAY BE VERIFIED 48 HOURS AFTER THE TRANSACTION.

PLEASE PROVIDE THE FOLLOWING INFORMATION			
EMPLOYEE NAME	SOCIAL SECURITY NUMBER	CLIENT COMPANY	
PLEASE CHECK ONE OF THE FOLLOWING <input type="checkbox"/> DEPOSIT PAYROLL CHECK <input type="checkbox"/> DEPOSIT \$ _____ AS DEDUCTED	PLEASE CHECK ONE OF THE FOLLOWING <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> MONEY MARKET ACCOUNT <input type="checkbox"/> OTHER (PLEASE SPECIFY)	
BANK NAME			
BANK STREET ADDRESS	CITY	STATE	ZIP
TRANSIT / ABA #		ACCOUNT #	
EMPLOYEE SIGNATURE	<input checked="" type="checkbox"/>	DATE	

PLEASE ATTACH A VOIDED CHECK TO THIS DOCUMENT



FOR COMPANY USE ONLY	
COMPANY ID NUMBER	PRENOTE DATE
TRANSIT ROUTING NUMBER	EFFECTIVE DATE
ACCOUNT NUMBER INFORMATION	BANK VERIFIED