

Flexible Benefits Plan

Direct Deposit Authorization

Employer Name: _____

Employee Name: _____

SS#: _____

Street Address 1: _____

Street Address 2: _____

City, State, Zip: _____

**Authorization Agreement
for
Automatic Deposits**

I hereby authorize ASAP Flex Plans, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account (identified below). Furthermore, I hereby authorize the Depository (identified below) to credit and/or debit the same to such account.

Account #: _____

Transit #: _____

Depository Name: _____

Branch: _____

Street Address 1: _____

Street Address 2: _____

City, State, Zip: _____

This authority shall remain in full force and effect until ASAP Flex Plans, Inc. has received written notice from me of its termination in such time and in such manner as to afford ASAP Flex Plans, Inc. and the Depository a reasonable opportunity to act thereon.

Date: _____

Employee Signature

**Please attach an unsigned, voided check here.
Without the check, we will not process your request.**