

Section 125 Cafeteria Plans Direct Deposit Authorization Agreement

Date: _____

Fax- # of Pages: _____

Please complete this form and submit with a voided check to eBenefits Administrators, Inc.

Personal Information

Employer Name: _____

Employee Name: _____ Employee SSN: _____

Account Number: _____ Routing Number: _____

Type of Account (Check One): Checking Savings

Attach Voided Check Here

Please **DO NOT** use a deposit slip for account and routing number verification as those numbers may be different and will cause an error in the fund transfer. Instead, please attach a voided CHECK from the checking or savings account of your choice.

Acknowledgement and Signature

I hereby authorize eBenefits Administrators, Inc., hereinafter called the Plan Service Provider, to initiate credit entries (electronic and otherwise) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Personal Bank Account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such respective accounts.

This authority is to remain in full force and effect until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____