



Direct Debit & Credit Authorization Agreement

Please select the purpose of this direct debit authorization:

- FSA Payroll Deductions (Contributions)
- FSA Claim Reimbursements (Disbursements)
- HRA Claim Reimbursements
- Administration Fees – the monthly plan service fees

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS & CREDITS

Client Name: _____

Federal ID Number: _____

I (we) hereby authorize Flex-Plan Services, Inc. to initiate debit or credit entries at the financial institution indicated below, hereinafter called DEPOSITORY, and to debit or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law.

Financial Institution Information

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Specify Account Type: Checking Account Savings Account

Account Number: _____

Routing Number: _____

This authorization is to remain in full force and effect until Flex-Plan Services has received written notification of its termination in such time and in such manner as to afford Flex-Plan Services and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signature: _____

Date: _____

NOTE: ALL WRITTEN DEBIT OR CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION AGREEMENT.