



P.O. Box 9201 Austin, TX. 78766
512-454-2681 / Fax 512-459-1552

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS FROM FLEXIBLE SPENDING ACCOUNTS

I hereby authorize Boon-Chapman Benefit Administrators, Inc., hereafter called COMPANY to make deposits and any necessary adjustments involving the same deposits in my Checking Account _____ or Savings Account _____ indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authorization is a _____ New or _____ Change to a previous request.

_____ DEPOSITORY NAME	_____ BRANCH
_____ CITY	_____ STATE
_____ BANK TRANSIT/ABA NUMBER	_____ ACCOUNT NUMBER

This authorization is to remain in force until Boon-Chapman has received written notification from me of its termination in such time and in such manner as to afford Boon-Chapman and DEPOSITORY reasonable opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such written notice.

_____ NAME	_____ SOCIAL SECURITY NUMBER
_____ SIGNATURE	_____ EMPLOYER
_____ DATE	

Not Valid without copy of voided check (deposit tickets are not acceptable)

ATTACH VOIDED CHECK HERE