

Flexible Benefits Plan
Authorization for Direct Deposit
(Please complete form and submit to Fox&Fox)

IMPORTANT: All Items Must Be Completed In Ink.

Employee's Name (Please Print):

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize Fox & Fox, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (select one) ___ **Checking Account** or ___ **Savings Account** indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Please choose one of the following options:

- (1) Attached a Voided Check and Complete Sections 7 and 8 below, OR**
(2) Do not attach a voided check and complete Sections 1-8 below.

1. Name of Financial Institution:

2. Branch No.:

3. City:

4. State, Zip:

5. Financial Institution's Routing No.:

6. Employee's Account No.:

7. Employee's email address. Direct Deposit Confirmation will be sent to this address :

8. Authorization: This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Employee's Signature: _____ Date: _____

Fox & Fox

Benefit Consultants and Administrators

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