



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