



Peoples Benefit Solutions LLC

Authorization Agreement for Automatic Deposits (Credits)

Name of Employer:	Work Location:	Daytime Phone:
Name of Employee (Last, First, M.I.)	Employee Email Address:	Social Security #
Address:	City & State:	Zip Code:
Deposit into my (Check One): Checking Account Savings Account		

I hereby authorize Peoples Benefit Solutions LLC to make deposits into my account. I understand that it will take approximately two weeks from the date that Peoples Benefit Solutions LLC receives this authorization for direct deposits to begin.

This authority is to remain in full force and effect until Peoples Benefit Solutions LLC has received written notification from me of its termination in such time and such manner as to afford Peoples Benefit Solutions LLC and my financial institution a reasonable opportunity to act on it.

Signature: _____

Date: _____

<p>NOTE: VOIDED CHECK MUST BE ATTACHED HERE:</p> <p>Return to:</p> <p>Peoples Benefit Solutions LLC ATTN: Flex Account Administration P.O. Box 325 North Bend, WA 98045</p>
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Phone: 425-466-9840
Fax: 425-341-1243