



## ACH Authorization Form

I \_\_\_\_\_, hereby authorize American Benefit Services (ABS) to:

Initiate  DEBIT and/or  CREDIT entries

to my  CHECKING and/or  SAVINGS account(s).

I understand that, if necessary, an adjusting debit and/or credit entry may be made to compensate for an entry error. I also authorized the BANK named below to debit and/or credit the same to such account. I duly certify that I am an authorized signer of the said account and have the right to enter into this agreement.

Bank Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Bank (9 digit) Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

The authority is to remain in full force and effect until ABS has received written notification from me of its termination, or I have received written notification from ABS that the plan has been terminated. It is further provided, that written notification of termination will be provided in such time and manner as to afford either party a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (if) Joint Account: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check here