



Authorization Agreement for ACH Contributions
Employer Recurring and Non-recurring ACH Contributions

I, _____ (employer), hereby authorize American Benefit Services, LLC to draft my account for contributions to the FSA plans established by employees. I authorize American Benefit Services, LLC to make these drafts at the specified periods named in the Employer Application and Agreement.

Employer Name:
Federal ID # :
Street :
City :
State :
Zip Code:
Phone Number:
Email :
Financial Institution:
Street :
City , State, Zip:
Phone Number :
Checking Account Number :
Nine-Digit Bank Routing Number :

Please attach a voided Check

Authorized Representative Signature

Date

Authorized Representative Name

Title

ABSACH0209