

Benefit Solutions, Inc.

EFT AUTHORIZATION FORM

For BSI Office Use Only:

Locator Number: _____

Date Received _____

****PLEASE FILL IN THE FOLLOWING INFORMATION****

Company Name: _____

Street Address: _____

City, State, Zip _____

Effective Date of Authorization: _____

Type of Authorization Form (check appropriate box):

- New Authorization
- Change Banking Information
- Discontinue Electronic Payment

Please debit payments from my: (check one): **Checking Account** **Savings Account**

Banking Information:

Banking Institution: _____

Routing Number: _____

Valid Routing Number must start with a 0, 1, 2, or 3

Account Number: _____

AGREEMENT

I authorize Benefit Solutions, Inc. and Vanco Services, LLC to process variable debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____

Printed Name: _____

Date: _____

PLEASE ATTACHED VOIDED CHECK IN THIS SPACE