

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

You can now have your claim reimbursements deposited directly into your bank account.

Please complete the following information below to setup direct deposit.

Employer Name *(please print)* _____

Employee Name _____

SSN# _____

Work Phone No. _____

Home Phone No. _____

E-mail Address _____

Bank Name _____

Transit (ABA) No. _____

Account No. _____

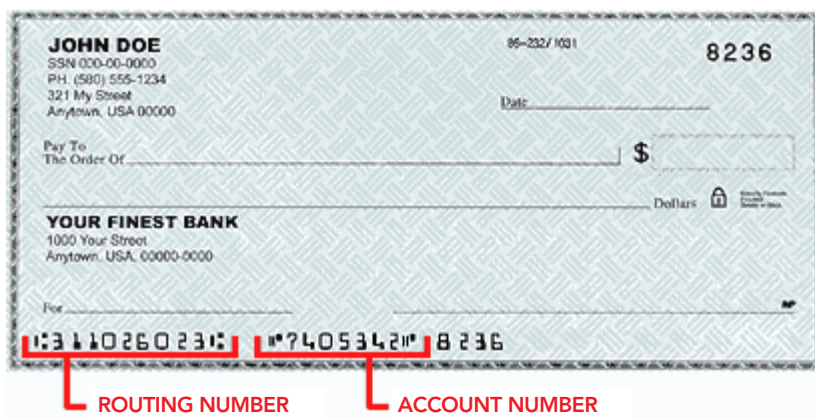
Please indicate type of account *(circle one)*

CHECKING

SAVINGS

If this is a new account, it must be established and active at your bank before you request direct deposit.

Please attach a voided check for checking, or a deposit slip for savings account



I authorize P&A Administrative Services, Inc. and the bank listed above to deposit my claim reimbursements directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize P&A Administrative Services, Inc. to direct the bank to return said funds to P&A Administrative Services, Inc.

I understand that my deposit may not be credited to my account for up to 2 business days after the transaction has been sent to the bank for processing.

I understand that this authorization will remain in effect unless I advise P&A that I have revoked it. Furthermore, I understand that it is my responsibility to notify P&A of all future changes to my bank account number and routing number. If I fail to notify P&A of changes of this nature, I will be responsible for reimbursing P&A for all applicable bank charges.

Employee Signature _____

Date _____

Please fax this completed form to P&A via toll-free number: [877] 855-7105
or mail to: Attn - Flex Department, 17 Court Street, Suite 500, Buffalo, NY 14202