



**Flexible Benefit Plan**  
*Authorization for Electronic Funds Transfer*

Company Name: \_\_\_\_\_

EFT Contact Name: \_\_\_\_\_

Please debit my account for:

- Contributions
- Fees

I hereby authorize The Benefit Group, Inc. to initiate credit entries to my \_\_\_\_ checking account or \_\_\_\_ savings account indicated below and the depository named below (DEPOSITORY) to credit the same to such account.

**ACCOUNT NUMBER** \_\_\_\_\_

**DEPOSITORY** \_\_\_\_\_  
(Financial Institution)

**Branch** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

This authority will remain in full force and effect until The Benefit Group, Inc. has received written notification from me of its termination in such time and in such manner as to afford The Benefit Group, Inc. a reasonable opportunity to act on it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\*AN ACTUAL VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED\*\***

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct ACH transit routing number from your financial institution.