



Specializing in Benefit Administration

Select Data Service Administrators, Inc.

P.O. Box 2076, Batesville, Arkansas 72503
Phone: (888) 698-1429 FAX: (888) 877-4747

AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSITS
(DIRECT DEPOSITS)

INSTRUCTIONS: Please PRINT clearly and SUBMIT this form to
Your Benefits Administrator.

View your account on-line at www.selectdataservice.com

I hereby authorize Select Data Service Administrators, hereinafter called, Company to deposit to my (our) account
indicated below the NET amount I am due for any flex reimbursement with the same effect as if a check had been delivered
to me for such amount. I also authorize the Financial Institution named below, hereinafter called Bank, to credit the same to
such account. In the event that an entry to my account was made in error, I authorize the Bank to make the adjusting
entries.

This authorization is to remain in effect until Company or Bank has received written notification from me (or either of
us) of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.
Termination of employment also voids the agreement. The company must keep the original or electronic equivalent for two
years after termination or revocation of authorization.

Employer _____

Financial Institution (Bank) _____

City _____ State _____ Zip _____

Account Number _____ Routing Number _____

Name(s) _____ SSN _____

Name(s) _____ SSN _____

Signed _____ Date _____

Signed _____ Date _____

ATTACH A VOIDED CHECK

