



ACH Direct Deposit Authorization Agreement

- For your security, and to assure an accurate transfer of funds, complete this entire form in a legible manner and attach a voided check where indicated below.
- The routing and account numbers on this form must be identical to the routing and account numbers on your voided check.
- The payer name on the voided check must match the plan participant's name.
- If a voided check is not available, or if the account number or routing number provided on this form is different than on the voided check, include a letter from the bank or financial institution on their letterhead. Have the letter signed by an authorized representative of the bank and indicate the name of the account holder and provide the routing and account numbers to be used by Pelion Benefits, Inc. for ACH purposes.

I hereby authorize Pelion Benefits, Inc. to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking or savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

Financial Institution _____ Checking__ Savings__

Address: _____

City: _____ State: _____ Zip: _____

Routing Number:

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 Account Number: _____

This authority is to remain in full force and effect until Pelion Benefits, Inc. has received written notification of its termination in such time and in such manner as to afford Pelion Benefits, Inc. a reasonable opportunity to act on it.

Print Name: _____ Social Security Number: XXX-XX-_____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Phone: _____ E-mail _____

Signature: _____ Date: _____

ATTACH A VOIDED CHECK HERE