



Keating & Associates, Inc.
 1011 Poyntz Ave ▪ Manhattan, KS 66502
 Phone: (785) 537-0366 Fax: (785) 537-9849

CREDIT AUTHORIZATION

I (we) hereby authorize Keating & Associates, Inc., hereinafter called COMPANY, to initiate credit entries for Flex Benefits Plan Reimbursements to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I elect in to ACH (complete the below information)

Financial Institution Name _____ Branch _____

Address _____ City/State _____ Zip _____

Routing Number _____ Account Number _____ Checking Savings
 Type of Account

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM

I elect out of ACH

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Your Name _____ Print Your Employer's Name _____

Social Security Number _____

Signature _____ Date _____

TPA DEPARTMENT