Credit Authorization

Keating & Associates, Inc.
1011 Poyntz Ave. Manhattan, KS 66502
Phone: (785) 537-0366 Fax: (785) 537-0747

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

☐ **I elect in to ACH** (completed the below information)

Financial Institution Name _____ Branch _____

Address _____ City/State _____ Zip _____

Routing Number _____ Account Number _____ ☐ Checking ☐ Savings

PLEASE ATTACH A COPY OF A 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 INSTITUION a reasonable opportunity to act on it.

Print Name _____ Print Employer's Name _____

Social Security Number _____

Signature _____ Date _____

Participants can also update their account information at any time through the consumer portal: https://keating.lh1ondemand.com