



ACH Authorization Form

Full Flex Cafeteria Plan or HRA Plan

COMPANY INFORMATION		EIN: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer Legal Name:	Contact Person:	
Address:	Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/> <input type="text"/>	Zip: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Email Address:

BANK INFORMATION		
Name of Bank:		
Branch:	Bank Telephone #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bank Address:	City, <input type="text"/>	State <input type="text"/> <input type="text"/> Zip: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Bank Routing Transit Number:	*Bank Account Number:	
*These numbers are located on the bottom of your check as follows:		

CREDIT/DEBIT AUTHORIZATION	
<p>"Depositor authorizes Ben-X, LLC to present automated debits and credits to and from the Depositor's specified account as required to perform their responsibilities related to processing Depositor's benefit program. This authorization will remain in effect until revoked by Depositor in writing and until you actually receive such notice Depositor agrees that you shall be fully protected in honoring any such ACH transaction.</p> <p>The ACH transaction will be made in the amount stated in the payroll files uploaded to Ben-X, LLC. Depositor agrees that your treatment of each such transaction and your rights in respect to it shall be the same as if it were a check signed by the Depositor."</p>	
	<p>_____ Employer Authorized Signature</p> <p>_____ Date</p> <p>Print Name: _____ Title: _____</p>

SUBMIT FORM	Submit this COMPLETED AND SIGNED form to Ben-X, LLC in one of the following methods:
<input type="checkbox"/> Scan and e-mail to: Support@BenXco.com	<input type="checkbox"/> Fax to: (801) 224-1903
	<input type="checkbox"/> Mail to: Ben-X, LLC 5406 W 11000 N, Ste. 103-432 Highland, UT, 84003
Ben-X, LLC Email: support@benxco.com • FAX: (801) 224-1903 • Website: www.MyBenX.com	