

PLACER COUNTY OFFICE OF EDUCATION

125 FLEXIBLE BENEFITS PLAN

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize ENVOY PLAN SERVICES, INC., hereinafter called ADMINISTRATOR, to initiate credit entries to my checking account indicated below, hereinafter called DEPOSITORY, to credit the same to such account in regards to Medical Care and Dependent Day Care reimbursements of the Placer County Office of Education 125 Flexible Benefits Plan.

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

DEPOSITORY NAME: _____	BRANCH: _____
CITY: _____	STATE: _____ ZIP: _____
TRANSIT/ABA NO.: _____	ACCOUNT NO.: _____
NAME(S): _____ Print exactly as appears on account	
SSN NUMBER ON ACCOUNT: _____	
TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

DATE: _____	SIGNATURE: _____ Account holder's signature
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MAKE A COPY OF THIS FORM FOR YOUR RECORDS