

I hereby authorize **J.W. Terrill Benefit Administrators**, to initiate credit entries and to initiate, **if necessary, debit entries and adjustments**, for any credit entries in error to my Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Account Information

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____

Account Number _____

Type of Account Checking Savings

This authority is to remain in full force and effective until **J.W. Terrill Benefit Administrators** has received written notification from me of its termination in such time and in such manner as to afford **J.W. Terrill Benefit Administrators** and DEPOSITORY a reasonable opportunity to act on it.

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR VERIFICATION.

Name _____ Date _____

Signature _____

Employer _____

Mail forms to:
FLEXPAY c/o J. W. Terrill Benefit Administrators, Inc.
825 Maryville Centre Drive, Suite 200
Chesterfield, MO 63017

Fax forms to:
866.731.9932
or terrillflex@jwterrill.com