

Direct Deposit Authorization Agreement

Participant Information

*=Required Fields

*Employer Name (Do not abbreviate)

*Department

- -

*Participant Name (First, MI, Last)

- -

*Social Security Number

Day Telephone

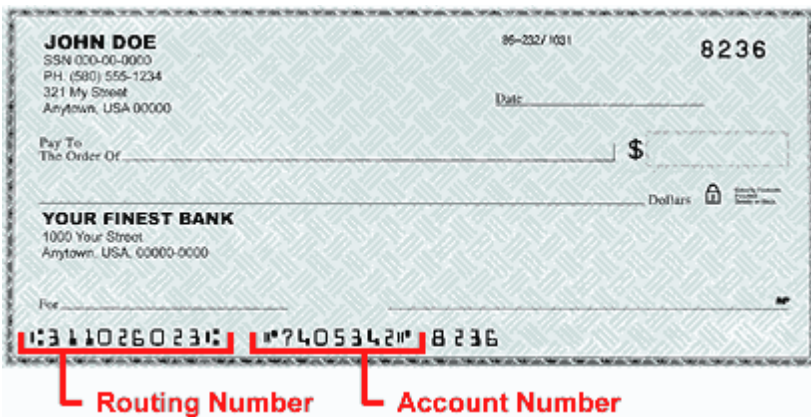
*Email Address (all direct deposit notifications will be sent via email)

*Bank Name

*Transit (ABA) No.

*Account No.

*Please circle account type: CHECKING / SAVINGS



(REQUIRED: Attach a voided check or deposit slip here)

If this is a new account, it must be established and active at your bank before you request direct deposit.

Authorization

I authorize Pro-Flex Administrators LLC and the bank listed above to deposit my claim reimbursements directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize Pro-Flex Administrators LLC to direct the bank to return said funds to Pro-Flex Administrators LLC.

I understand that my deposit may not be credited to my account for up to 2 business days after the transaction has been sent to the bank for processing.

I understand that this authorization will remain in effect unless I advise Pro-Flex Administrators LLC in writing that I have revoked it. Furthermore, I understand that it is my responsibility to notify Pro-Flex Administrators LLC of all future changes to my bank account number and routing number. If I fail to notify Pro-Flex Administrators LLC of changes of this nature, I will be responsible for reimbursing Pro-Flex Administrators LLC for all applicable bank charges.

SIGNATURE OF PARTICIPANT _____ **DATE** _____

Please fax this completed form to Pro-Flex Administrators, LLC: 716-929-2013 or toll free 1-855-214-8987
or mail to: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221