

# CREDIT AUTHORIZATION

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

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Type of Acct:  Checking  Savings

\_\_\_\_\_  
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 INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Print Your Employer's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**