

Section 125 Flexible Benefit Plan

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

New Direct Deposit Change To Existing Direct Deposit Information

I hereby authorize **Kazdon, Inc.** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my checking savings account (check one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

"Please Print"

Account Information

DEPOSITORY/BANK NAME:			BRANCH:		
CITY:			STATE:		ZIP:
TRANSIT / ABA #:			ACCOUNT #:		

This authority is to remain in full force and effect until **Kazdon, Inc.** has received **written** notification from me of its termination in such time and manner as to afford **Kazdon, Inc.** and **DEPOSITORY** a reasonable opportunity to act upon it.

EMPLOYER NAME:		
NAME:		SOCIAL SECURITY NUMBER:
EMPLOYEE SIGNATURE:		DATE:

Attach void check / void savings deposit slip here

NOTE: A **void check** drawn on the checking account **must** accompany all applications for checking direct deposit.
A **void deposit slip** for the savings account **must** accompany all applications for savings direct deposit.

 *Kazdon, inc.*
Employee Benefit Administrators



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