TAI Direct Deposit Form • Employer Version for Flex & CRP

ONLINE

Authorization Agreement for Automatic Payments (ACH Debits)

This form authorizes Trust Administrators, Inc. ("TAI") to electronically withdraw funds from an employer's account and deposit them to TAI's Master Trust to reimburse plan participants. The Trust is utilized to reimbursement employees for Flex-Plan and/or CRP expenses.

▶ AUTHORIZATION TO:

Trust Administrators, Inc.
Flexible Benefit Master Trust
One Kaiser Plaza, Suite 401
Oakland, CA 94612
(510) 451-2810 • Fax: (510) 451-8611

Trust services maintained by:
Civic Bank of Commerce
2101 Webster Street
Oakland, CA 94612
Tel: (510) 836-6500

▶ AUTHORIZATION FROM:

Employer Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____

Federal Tax ID (EIN): _____

I (We) hereby authorize Trust Administrators, Inc., hereinafter called **Company**, to initiate debit entries to my (our) checking account indicated below, hereinafter called **Depository**, and deposit those funds to TAI's Flexible Benefit Master Trust. This authority shall remain in effect until **Company** has received written notification from me (or either of us) of its termination in such time and such manner as to afford **Company** and **Depository** a reasonable opportunity to act.

Account Number: | | | | | | | | | | | | | | | | |

Transit Routing Number: | | | | | | | | | | [Call your bank for routing number]

▶ AUTHORIZED BY:

For Corporate Account, Two Signatories required.

(1.) _____
Name (Print) Title

_____
Signed Date

(2.) _____
Name (Print) Title

_____
Signed Date

▶ When completed - Fax to TAI @ 510-451-8611. Include a "Voided" Check (It takes about 10 days to activate)