FLEXIBLE SPENDING PLAN
AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSITS (ACH)

In order to participate in the FSP direct deposit program at WHITMAN COLLEGE please complete this form and return it to the Human Resources Office

I hereby authorize my employer to initiate credit entries to my: CHECKING_____ or SAVINGS_____(please select) ACCOUNT Indicated below and the depository financial institution named below, to credit the same to such account. I acknowledge that the origination of these transactions to my account must comply with the provisions of the U.S. Law.

Your Bank Name:_____

ABA NO. (your bank's routing/transit number)_____

Your Bank Account Number_____

Bank Location: **City**_____

State_____**Zip**_____

This authority is to remain in full force and effect until Employer has received written notification from me of its termination in such time and in such manner as to afford my employer and my financial institution a reasonable opportunity to act on it.

EMPLOYEE'S SIGNATURE_____

EMPLOYEE'S NAME (please print)_____

DATE_____

PLEASE ATTACH VOIDED BLANK CHECK TO THIS FORM
DO NOT ATTACH DEPOSIT TICKET

THANK YOU