



General Agency Company

**FLEXIBLE SPENDING ACCOUNT
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize General Agency Company, hereinafter called General Agency, to initiate credit entries to my (our) _____ **CHECKING** _____ **SAVINGS** account (select one) indicated below and the depository name below hereinafter called DEPOSITORY, and to credit such account.

DEPOSITORY
NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until General Agency has received written notification from me (or either of us) of its termination in such time and in such manner as to afford General Agency and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ ID NUMBER _____
Participants Name (PLEASE PRINT) (Last Four Digits Of Social Security Number)

DATE _____ SIGNED X _____

DATE _____ SIGNED X _____

RETURN FORM TO:

General Agency Company
525 East Broadway
Mt. Pleasant, MI 48858
Phone: (989) 773-6981
Fax: (989) 772-1855
Email: info@ga-ins.com