

Authorization Agreement for Automatic Deposits

COUNTY EMPLOYER: _____

----- Hereinafter-called "Customer", hereby authorizes ***First Concord Benefits Group*** hereinafter-called "Company" to originate electronic entries transferring funds to Customer's account listed below at ----- (Customer's Financial Institution).

The amount of any debits to Customer's Account will be based upon sums due to or from Company. Company will use its best efforts to insure that all entries on Customer's account originated by Company are in the correct amounts. However, Customer and Company agree that Company will not be liable for any incidental or consequential damages associated with incorrect entries processed by ----- (Customer's Financial Institution) and Company's request.

Customer further agrees to be bound by the operation rules of NACHA (National Automatic Clear House Association), by the rules and notices received from Company, and by the rules of Customer's financial institution. Customer acknowledges that the origination of ACH transactions must comply with the provisions of U.S. law.

Notice of termination by Customer of this agreement shall be effective 15 days after properly given and shall not affect entries originated prior to the actual receipt of such notice. Company may terminate this agreement at any time without notice. Notices will be considered properly given when deposited in the US Mail, certified, postage paid, and properly addressed to Company at their place of business or delivered in person to Company's business address.

Customer's Name:	Authorized Signer:
Customer's Address:_____	Signer's Title:
Customer's City, State, Zip:	Signer's Signature:
Customer's Financial Institution:	Institution's ABA Number:
Customer's Account Number:	Date:

(ATTACH A COPY OF THE CUSTOMER'S VOIDED CHECK HERE)