

**Beene Garter LLP
Flexible Spending Plan
Authorization for Automatic Reimbursement Deposit
Employee Authorization**

Please complete and return to the Personnel Department.

Employee Name _____

Financial Institution Name _____

Financial Institution Identification Number (9-digit number) _____

Account Number _____

Please indicate account type: _____Checking _____Savings

I authorize Beene Garter LLP and the financial institution listed above to initiate credit entries to my checking or savings account. I also authorize adjusting entries to correct errors.

This authority will remain in full force and effect until Beene Garter LLP has received written notification from me of its termination in such time and in such matter as to afford Beene Garter LLP a reasonable opportunity to act on it.

Signature _____ Date _____

Please attach a voided check or deposit slip below.
