



Authorization Agreement for Direct Deposits

Instructions:

1. Complete and sign authorization agreement.
2. Include a voided check (for checking accounts) or deposit slip (for savings accounts).
3. Fax completed form and voided check or deposit slip to (603) 224-4256 or mail to:

Flexible Benefits Department
csONE Benefit Solutions
PO Box 1320
Concord, New Hampshire 03302-1320

Employer: _____

I hereby authorize csONE (csONE) to initiate deposits to the bank account indicated below. I authorize credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account. I understand that in the future, all entry notifications to me may be made via e-mail. _____

New Change Cancel

Account Type (choose one):

- Checking Account
 Savings Account

Transit ABA Routing # _____

Account Number _____

Bank Name: _____

Branch/Bank: _____

City: _____

State/Zip: _____ Phone: _____

Your Name (please print): _____

Your E-mail Address: _____

Your Signature _____ Date: _____

Mailing Address: csONE Benefit Solutions, PO Box 1320, Concord, New Hampshire 03302-1320
E-mail: flexiblebenefits@csONE.com Fax: 1 603 224-4256 Phone: 1 603 227-2040