



AUTHORIZATION FORM GLOBAL CASH CARD

I hereby authorize and request A Plus Benefits Inc. to make electronic deposits of any amounts owing to me by initiating credit entries to my account indicated below, in the financial institution named below, hereinafter called bank. I also authorize A Plus Benefits, Inc to debit my account if an error has occurred and circumstances require that such error be corrected.

It is understood that this agreement may be terminated by me at any time by notification to A Plus Benefits Inc. Any such notification shall be effective only with respect to entries initiated by A Plus Benefits, Inc. After receipt of such notification and reasonable opportunity to act on it. A fifteen (15) day initial processing period may be required for setup.

Please provide the following information:

EMPLOYEE NAME SOCIAL SECURITY NUMBER CLIENT COMPANY

HOME ADDRESS (Street Address, Apt #, State, Zip Code)

OCCUPATION EMAIL ADDRESS

EMPLOYEE PHONE NUMBER DATE OF BIRTH (mm/dd/yyyy)

PLEASE CHECK ONE OF THE FOLLOWING

START STOP ADD CHANGE AMT.

PLEASE CHECK ONE OF THE FOLLOWING

DEPOSIT PAYROLL CHECK DEPOSIT \$ _____ AS DEDUCTED

EMPLOYEE SIGNATURE DATE

x



For Company Use Only

| | |
|------------------------|----------------|
| COMPANY NUMBER | COMPANY NUMBER |
| TRANSIT ROUTING NUMBER | ACCOUNT NUMBER |
| COMPLETED BY | EFFECTIVE DATE |