

*Association of Free Lutheran Congregations Benefit Plans
Electronic Funds Transfer
(EFT) Authorization*

The Association of Free Lutheran Congregations (hereinafter "Company") has been authorized by the Company's Benefit Plans (FSA, HRA, and Life/LTD policies) to perform certain administrative duties for such plan.

The AFLC Benefits Board has requested all eligible expenses and contribution amounts for the Benefit Plans to be paid by each congregation via ACH.

The AFLC has the ability to initiate electronic funds transfers between banking accounts and will perform these duties for the payment of fees and contribution amounts equaling the amounts identified on the attached Census Request Form.

Authorization Agreement for Automatic Deposits (ACH Credits):

I hereby authorization the AFLC to initiate debit entries from and to initiate, if necessary, adjustments for any errors to the debit entries in the form of credit entries to the Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to or from such account.

PLEASE PRINT

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No: _____ Account No: _____

This authority is to remain in full force and effective until the AFLC has received written notification from an officer of the Benefits Board of its termination in such time and in such manner as to afford the AFLC and DEPOSITORY a reasonable opportunity to act on it.

Required: Attach Voided Check or a Savings Withdrawal Slip

Authorized
Signature: _____ Date: _____

Name of Congregation: _____