



PIOPAC Fidelity
Third Party Administration
 "Security, Integrity, Trust"

DEBIT FORM

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

Company Name _____ Company Federal ID _____

I hereby authorize **PIOPAC Fidelity**, hereinafter called **Company**, to initiate debit entries to our Checking Account indicated below at the depository financial institution named below, hereinafter called **Depository**, to debit the same to such account. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of the U. S. law.

Depository Name _____ Branch _____

Address _____ City _____ State _____ Zip _____
 Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name _____ Title _____
 (Please Print)

Date _____ Signature _____

ACH Medical Debit ____ and ____ of every month for FSA and HRA Contributions

ACH Self-Fund Debit – 15th and EOM (end of month) for Dental/Vision/RX

Other _____

 Print Name/Signature