

PLAN PARTICIPANT INFORMATION

Company Name: _____
Participant Name: _____ **Phone:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____

AUTHORIZATION FOR DEBIT AND CREDIT ELECTRONIC FUNDS TRANSFERS:

I hereby authorize on this _____ day of _____, _____ my employer and DailyAccess to initiate electronic withdrawals and/or deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until;

- a) **I notify my Bank and DailyAccess in writing to terminate this agreement and give the Bank and DailyAccess reasonable time to terminate this agreement,**
- b) **My Bank, employer, and/or FIS have sent me five (5) business days advance written notice of the Bank's and/or FIS's termination of this Agreement**

I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT FIS PROVIDES ELECTRONIC FUND TRANSFER SERVICES TO DAILYACCESS CORPORATION. THE FUNDS TO BE TRANSFERRED MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY MY EMPLOYER AND/OR MYSELF. IN THE EVENT THE FUNDING FOR A TRANSFER IS RETURNED FOR ANY REASON OR FIS HAS BEEN PROVIDED INCORRECT INFORMATION AND/OR HAS ERRONEOUSLY TRANSFERRED FUNDS TO MY ACCOUNT, I AUTHORIZE DAILYACCESS CORPORATION AND FIS TO WITHDRAW/REVERSE FROM MY ACCOUNT THE AMOUNT OF FUNDS TRANSFERRED IN ERROR. I ALSO UNDERSTAND THAT FIS MAY WITHDRAW AND/OR DEPOSIT TO MY ACCOUNT VARIOUS FUNDS REGARDING MY PARTICIPATION IN A FLEXIBLE BENEFIT/CAFETERIA PLAN. I HEREBY HOLD DAILYACCESS CORPORATION AND FIS HARMLESS FOR TRANSFERRING ANY FUNDS DESIGNATED FOR FLEX BENEFITS UPON THE DIRECTION OF MY EMPLOYER OR PROCESSOR, AND THAT MY REMEDY FOR ANY ERRONEOUS TRANSFERS IS SOLELY AGAINST THE PROCESSOR AND/OR MY EMPLOYER AND THAT I WILL HOLD HARMLESS DAILYACCESS CORPORATION AND FIS FROM ANY LIABILITY AND DAMAGES RESULTING THEREFROM.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by my Bank of the undersigned's liability for unauthorized electronic fund transfers, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment of pre-authorized electronic fund transfers, procedure to initiate such stop payment orders, the right to receive documentation of electronic fund transfers, and my Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al.

Plan Participant's Name (Please Print) _____ **Date** _____

My Bank or Financial Institution: _____ **Branch:** _____
City: _____ **Phone:** _____

Type of Account: Checking Savings

Routing (ABA) Number: _____ **Account Number:** _____

CHANGE – Replace my current banking information with the above account information.

Plan Participant's Signature (Please Sign) _____ **Social Security Number** _____

****Required****

Please attach a blank voided check, a copy of a blank voided check or a deposit slip to this form.

**DailyAccess Dallas Regional Office | 4131 North Central Expressway | Suite 1100 | Dallas, Texas 75204
 Toll Free: 800.388.4015 | Local: 214.528.8850 | Toll Free Fax: 877.859.5736 | E-mail: flex@dailyaccess.com**