

CREDIT AUTHORIZATION

I (we) hereby authorize Keating & Associates, Inc., hereinafter called COMPANY, to initiate credit entries for Cafeteria Plan Reimbursements to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Address

City/State

Zip

Routing Number

Account Number

Type of Acct: Checking Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Your Name

Print Your Employer's Name

Social Security Number

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM