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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
THROUGH THE AUTOMATED CLEARING HOUSE (ACH)**

Name: _____ Employer: _____

Social Security #: _____

I hereby authorize Benefit Marketing Solutions, LLC to initiate credit entries to my Checking or Savings Account at the depository named below.

Please Print

Bank Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Checking Account

Savings Account

Did you attach a copy of a voided check? Yes No

(This request cannot be finalized until a voided check is received.)

This authorization is to remain in full effect until Benefit Marketing Solutions LLC has received written notification from me of its termination in such time and in such manner as to Benefit Marketing Solutions LLC and the Bank a reasonable opportunity to act on it.

Signed: _____

Date: _____