



**AUTHORIZATION AGREEMENT FOR
PRE-ARRANGED PAYMENTS (DEBITS)**

Client Account Information	Client Name: _____	Date: _____
	Client hereby authorizes and requests National Benefit Services (NBS) to effect payment for any amounts owing by Client to NBS as such amounts become due by initiating debit entries to Client's account identified as follows:	
	Bank Name: _____	
	Bank Address: _____	
	Depositor Transit Routing Number: _____	
	Depositor Account Number: _____	
	Employer Tax ID Number: _____	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
NBS 401(k) Account Information	Client hereby requests the above-mentioned bank to accept any debit entries initiated by NBS on this account and to debit the account without responsibility for the correctness of the debit entry to the NBS account identified as follows:	
	Federal ID No.: 20-3886993	
	Depositor Account Number Information:	
	Bank Name: <u>ZIONS FIRST NATIONAL BANK</u>	
	Transit Routing Number: <u>124000054</u>	
	Account Number Information: <u>03-14549-7</u>	
	It is understood that this agreement may be terminated by Client at any time by written notification to NBS. Any such notification to NBS shall be effective only with respect to entries initiated by NBS after receipt of such notification and a reasonable opportunity to act on it.	
Client / NBS Signatures	It is also understood that Client shall have the rights as set forth hereof with respect to all entries initiated by NBS pursuant to this agreement.	
	Dated this _____ day of _____, _____.	
	NATIONAL BENEFIT SERVICES	Client Name: _____
	By: _____	By: _____
	Its: _____	Its: _____
It is understood that all debit entries initiated by NBS pursuant to this agreement shall be subject to the following provisions:		
<p>1) If any change is made by NBS in the date of the billing cycle on or after which such entries are to be debited to such account, NBS shall send to client written notification of the new date on or after which such entries are to be debited to such account.</p> <p>2) Client may notify Bank to stop payment of any entry initiated or to be initiated by NBS to Client's account pursuant to this agreement but such notice must be received by Bank in such time and in such manner as to afford Bank a reasonable time to act on it. An oral notice shall be binding on Bank only for fourteen (14) calendar days unless confirmed in writing within that period.</p> <p>3) If an entry is erroneously initiated by NBS to Client's account, Client shall have the right to have the correcting adjustments made if within fifteen (15) calendar days following the date on which the bank sent or made available to Client a statement of account or notification pertaining to such entry. Client shall send or deliver to NBS a written notice identifying such entry, stating that such entry was in error and requesting NBS to make correcting adjustments to the entry.</p>		

2007

(Company Name)

Dates marked are: Pay period end dates or Actual pay dates

January						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Date: _____

Authorized Employer Representative