

Kabel Business Services

1454 30th Street, Suite 202 - West Des Moines, IA 50266
Phone 515 224-9400 Toll Free 1-800-300-9691
Fax 515 224-9256

Cafeteria / FlexPlan Direct Deposit Authorization Form

EMPLOYER NAME _____

EMPLOYEE NAME _____

EMPLOYEE SOCIAL SECURITY NUMBER _____

EMPLOYEE ADDRESS _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize KABEL BUSINESS SERVICES to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____ Branch _____

City: _____ State: _____ Zip: _____

Account # _____ Transit/Aba # _____

This authority is to remain in full force and effect until KABEL BUSINESS SERVICES has received written notice from me of its termination in such time and in such manner as to afford KABEL BUSINESS SERVICES and DEPOSITORY a reasonable opportunity to act on it.

Name:(please print) _____ Signature: _____

Please attach an unsigned, voided check here. Without the check we cannot process your request.

***Please note that if you are currently signed up for direct deposit you do not need to repeat this process for the next plan year, it will carry over automatically.**
