

Wealth Advisor Benefit Plan

**AUTHORIZATION AGREEMENT
 Direct Withdrawals /Direct Deposits
 (ACH Debits/Credits)**

I (we) hereby authorize Advisor Benefit Plan, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) Checking or Savings account (select one) at the depository financial institution, hereinafter called BANK, and to credit the same to such account.

BANK NAME	_____	AMOUNT	_____
CITY, STATE	_____		
ROUTING NUMBER	_____	ACCOUNT NO.	_____

****Attach a voided check for verification****

Please remember in addition to your monthly premium there is an initial enrollment fee of \$350/participant as well as a \$13/mo/participant administration fee. Thereafter, an annual fee of \$350 will be charged in addition to the monthly fee.

Any NSF will result in an additional \$45 fee.

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____ Printed Name	_____ Office Location and Name
_____ Signature (typed name serves as signature)	_____ Date
_____ Effective Plan Date:	