

FLEXIBLE SPENDING ACCOUNT (FSA) DIRECT DEPOSIT AUTHORIZATION AGREEMENT

SECTION 125

Authorization Agreement For Automatic Deposits (ACH Credits)

Employer Name: _____

Participant Name: _____

Participant Social Security #: _____

I hereby authorize Gilsbar, Inc. to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Gilsbar, Inc. to my account. In the event that Gilsbar, Inc. deposits funds erroneously into my account, I authorize Gilsbar, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

Bank Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA#: _____ Account # _____ Checking

(Please provide the Transit/ABA number that is on your check, not the deposit slip)

Savings

Memo _____

AUTHORIZED SIGNATURE _____

⑆ 123456789⑆ 123456789⑆ 0101

Transit/ABA #
(A 9 digit number always between these two marks)

Checking Account #

This authorization is to remain in force and effect until Gilsbar, Inc. has received written notification from me of its termination in such time and in such manner as to afford Gilsbar, Inc. and the Bank a reasonable opportunity to act on it.

Signature: _____ Date: _____

MAIL OR FAX YOUR COMPLETED FORM TO:

Gilsbar, Inc.
Attn: Flex Department
P.O. Box 965
Covington, LA 70433
Fax: 985-871-1855
Or flex2@gilsbar.com