

AUTHORIZATION FOR AUTOMATIC REIMBURSEMENT DEPOSIT

Employee Name: _____

Employee SSN: _____

Employer: _____

I hereby authorize Davevic Benefit Consultants, Inc. to initiate credit entries to my _____ checking account or _____ savings account indicated below and my financial institution named below to credit the same to such account.

Account Number: _____

Financial Institution _____

Branch: _____ **City:** _____ **State :** _____

Bank Routing Number _____

This authority will remain in full force and effect until Davevic Benefit Consultants, Inc. has received written notification from me of its termination in such time and in such manner as to afford Davevic Benefit Consultants, Inc. a reasonable opportunity to act on it.

Signature _____ **Date** _____

****An actual voided check must be attached****

Staple voided check here

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct routing number from your financial institution.

Fax or mail to:
(724)-458-4464
Davevic Benefit Consultants, Inc.
902 South Center Street
P. O. Box 976
Grove City, PA 16127