

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

I (We) hereby authorize Employee Benefits Management, LLC, hereinafter called COMPANY to initiate credit entries to my (our) **CHECKING** _____ **SAVINGS** _____ account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. I (We) also authorize the COMPANY to draw drafts on my (our) account or to initiate debit entries to my (our) account, for the purpose of withdrawing money from my (our) account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. However, the DEPOSITORY shall not be liable for honoring any draft, debit entry or withdrawal from the below account regardless of amount initiated by the COMPANY.

A COPY OF A VOIDED CHECK MUST BE ATTACHED

Depository Name: _____ City and State: _____

Account Number: _____ Bank Transit/ABA Number: _____

This authority 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 a reasonable opportunity to act on it.

Name(s): _____ Social Security Number: _____

Signature: _____ Date: _____

Employer=s Name: **Jefferson Lab**

Please submit to: Employee Benefits Management, LLC
Benefits Department
8740 Landmark Road
Richmond, VA 23228
(804) 515-8912 FAX

Please make sure the following has been completed: checking, savings marked; enclose a voided check; employer's name; signed and dated.