**EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF HEALTH REIMBURSMENT ARRANGEMENT REIMBURSEMENTS**

I hereby authorize and request that Future Planning Associates, Inc. (contracted by Chittenden Central Supervisory Union to provide administration services for the Chittenden Central Supervisory Union Health Reimbursement Arrangement (HRA) to make payment of any Chittenden Central Supervisory Union Health Reimbursement Arrangement (HRA) Claims Reimbursement of any amounts to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by Future Planning Associates, Inc. to such account and to credit the same to such account without responsibility for the correctness thereof.

I also authorize Future Planning Associates, Inc. to adjust any over deposits erroneously credited to my account if prior to the initiation of the correcting entry, Future Planning Associates, Inc. has sent or delivered to me written notice of the correction.

It is understood that this agreement may be terminated by me at any time by written notification to Future Planning Associates, Inc. Any such notification to Future Planning Associates, Inc. shall be effective only with respect to entries initiated by Future Planning Associates, Inc. after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree not to hold Chittenden Central Supervisory Union and or Future Planning Associates, Inc. liable for errors made by them or the financial institution.

**ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR SAVINGS ACCOUNTS and RETURN WITH YOUR FIRST CLAIM SUBMISSION**

Name of Bank or Credit Union ***** _____

Account # _____ Routing # _____

***** Contact your Credit Union to verify your "Account" and "Routing" Numbers

Account Type: _____ Checking **(attach a voided check only, a deposit slip does not provide sufficient information)**
_____ Savings **(attach a deposit slip)**

Employee Name (Print)_____

Employee Signature: _____

**NOTE:** Any changes in Bank or Account Numbers must be made in writing and sent to:

Chittenden Central Supervisory Union Plan Administrator
Future Planning Associates, Inc.
P.O. Box 905
Williston, VT 05495-0905

**Phone:** (802) 878-6601 **FAX:** (802) 878-9455