

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Member Name _____ Ameritas ID Number _____

I (we) hereby authorize FBA of Syosset on Behalf of NYS FOP, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our): (select one) Checking Account or Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until FBA of Syosset has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford FBA of Syosset and Financial Institution a reasonable opportunity to act on it.

Name (s) _____
(Please Print)

Date _____ Signature _____