



Flex Corp

820 Gessner, Suite 1225, Houston, Texas, 77024
Toll Free: 1-866-401-5272 | Fax: 315-292-6444
www.bpas.com

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

Company Name: _____

I (we) hereby authorize Flex Corp, hereinafter called "Company," to initiate debit entries from my (our) checking account savings account indicated below at the depository named below, hereinafter called "Depository," to debit the same from such account.

Exact Name on Account: _____

Address: _____

Bank Name: _____

Transit Routing No.: _____ Account No.: _____


This authority will remain in full force and effect until the Company has received written notification from an account signatory in such time and in such manner as to afford the Company and Depository a reasonable time to act upon it.

Account Signatory(ies)

Bank Identification Number

James Goodwin / Flex Corp

2760170868 - Contributions
1760170868 - Fees

 _____

_____ Date

Printed Name

_____ Date

Signature

_____ Date