

Electronic Fund Transfer Request

Member Authorization Form

Name: _____

Participant ID: _____

Home Address: _____

Email Address: _____

Financial Institution Information where funds are to be deposited

Financial Institution Name: _____

Branch Address: _____

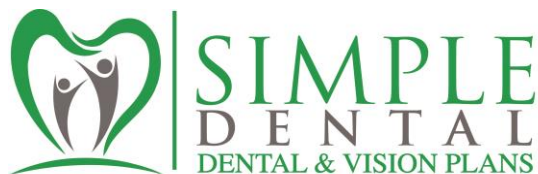
Branch Telephone No.: _____ Transit Routing No.: _____
(Verify with Financial Institution)

Checking Account Number: _____
(*Attach a voided check*)

I authorize EchoHealth on behalf of Covenant Administrators, LLC., dba 90 Degree Benefits to automatically deposit my designated pay amount into my designated account, including any adjustments, if necessary, for any entries made in error to my account(s). This authorization will remain in effect until I have notified Covenant Administrators writing.

Employee Signature: _____

Date _____



Request termination of direct deposit

Name: _____

Participant ID: _____

Home Address: _____

Email Address: _____

I authorize Echo Health on behalf of Covenant Administrators, LLC. dba 90 Degree Benefits to stop the deposit(s) into the following accounts.

Checking Account Number: _____

Signature: _____ **Date:** _____

Please send your request to cynthia.hagler@90degreebenefits.com or fax to 678-258-8299