

**Trinity University**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
OF CAFETERIA PLAN PAYMENTS**

I hereby authorize GROUP & PENSION ADMINISTRATORS, INC., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking account indicated below and the depository named below, hereinafter called DEPOSITORY.

**Account #1:** Depository Name \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Checking Account # \_\_\_\_\_  
Transit ABA # \_\_\_\_\_

*Please attach a voided check for any checking account you wish to have direct payment made.*

This authority is to remain in full force and effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (print) \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

*Please mail form and voided check to:*

**Randy Farrow**  
**Group & Pension Administrators**  
**12770 Merit Drive**  
**2<sup>nd</sup> floor**  
**Dallas, Texas 75251.**