



Automatic Credit Agreement For Electronic Funds Transfers

I hereby authorize Workers Assistance Program, Inc. (WAP) Dba Alliance Work Partners to initiate electronic credits (deposits) entries to the bank account shown below, and if necessary adjustment entries may be made to this account to correct a deposit made in error. This authorization will remain in effect until I notify my bank and WAP in writing to terminate this agreement and give the bank and WAP reasonable time to terminate agreement. I understand that any cancellation in writing will become effective no earlier than five (5) business days after the last transaction has cleared and there are no outstanding balances on the account.

Limitation of Action: WAP's Transactee will have 60 days from the transaction date to notify WAP, in writing, of any discrepancies, errors or problems with transaction processed. In a letter give us the following minimum information: A)The name, account number, and ABA number on the transaction in question; B) The dollar amount of the transaction in question; C) Describe the error and explain why you believe there is an error. We will tell you the results of our investigation within 30 days and will correct any error promptly. If we need more time, we will take up to 45 days to investigate your complaint.

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Financial Institution

Branch Location

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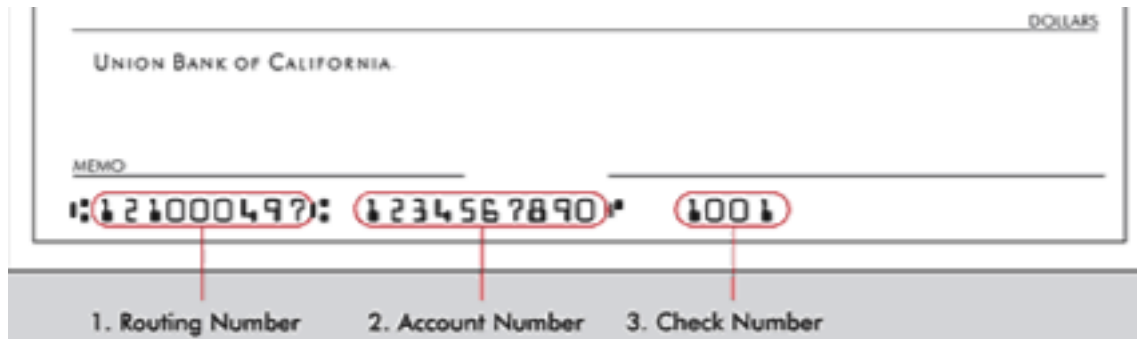
City

Branch Phone Number

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Bank Routing Number (ABA)

Bank Account Number



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Email Address (Required) Remittance slip will be sent by email only

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Print Name

Date

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Signature