Simply Counted & Tax Inc

Employee Health Savings Account Authorization

Company Name: Simply Counted & Tax Inc Company ID: 47-5552841

I hereby authorize Simply Counted & Tax Inc to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated below

[ ] Checking [ ] Savings (select one)

and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing/Transit/ABA No: _____ Account No: _____

This authority is to remain in full force and effect until Simply Counted & Tax Inc has received written notification from me of its termination in such time and in such manner as to afford Simply Counted & Tax Inc and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

Email Address: _____