

3. Authorization Agreement

I authorize my employer to transfer the stated amount each pay period into my AFCSP Account. This authority will remain in effect until I give written notice to my employer that I want it changed or terminated. If funds to which I am not entitled are deposited into my Account I authorize my employer to direct AFCSP to return said funds. I certify that I have read and understand, consent and agree to all the terms and conditions of the AFCSP Disclosure Statement and understand the rules and regulations governing AFCSP.