

Direct Deposit Authorization

Please PRINT Clearly

Employer

Employee Name Phone Number Social Security Number

Please indicate: \_\_\_ Initial setup Please indicate: \_\_\_ Checking Account (please attach a VOIDED check)

 \_\_\_ Change \_\_\_ Savings Account

 \_\_\_ Cancel

Bank Name Routing Number Account Number Bank Phone

I hereby authorize Benefit Plan Administrators (BPA) to initiate credit entries, depositing my flexible spending account reimbursements into my designated account. In the event funds are deposited erroneously into my account, I authorize BPA to debit my account not to exceed the original amount of the credit. This authority is to remain in full force and effect until BPA has received written notification from me of its termination. I understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution. It is my responsibility to check my bank account for reimbursements. BPA cannot be held responsible for overdraft charges.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_