Reimbursement Account Employee Direct Deposit Authorization Form



Instructions for Completing This Form:

- 1. Fill in all fields below.
- 2. Attach voided check (no deposit slips).
- 3. Sign and date form.
- 4. If the account is not in your name alone, the other account holder must also sign and date form

101111.					
Last Name (Please Print)	F	irst Name			Middle Initial
E-mail Address					
Social Security Number	H	ome Phone (_)	_ Work Phone ()
Check Action: r New r Change	e r Cancel Effective [)ate/	/	Account Type: r	Checking r Savings
Ownership of Account: r Self	f Joint f Other				
Name of Bank					
	ATTACH /	·	ECK HERE		
Dor	not attach deposit slips, a	s they do not sup	ply the necessary	information.	
	Joan Doe Anywhere, USA				
	PAY TO THE ORDER OF				
	YOUR TOWN BANK YOUR TOWN, AR 12345		DOLLARS		
	FOR		VOID		
Douting Transit Number			Acces	at Number	
Routing Transit Number (All nine boxes must be filled)				int Number hyphens, but not space	ces and special symbols
By signing this agreement, I purpose of reimbursements credit entries made in error.	from my Account(s) a			, ,	
Signature				Date/	
Authorized Signature, if select	ed "Other"				
			Date		'

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