

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.

Last Name (Please Print) _____ First Name _____ Middle Initial _____

E-mail Address _____

Social Security Number _____ Home Phone (____) _____ Work Phone (____) _____

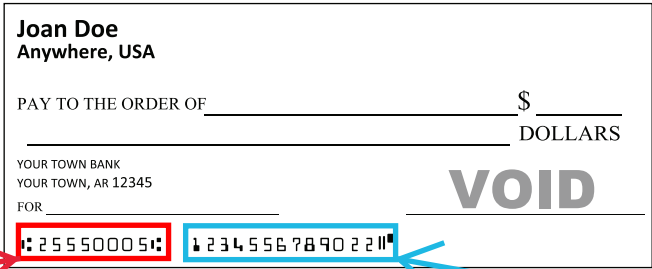
Check Action: ☐ New ☐ Change ☐ Cancel Effective Date ____/____/____ Account Type: ☐ Checking ☐ Savings

Ownership of Account: ☐ Self ☐ Joint ☐ Other _____

Name of Bank _____

ATTACH A COPY OF CHECK HERE

Do not attach deposit slips, as they do not supply the necessary information.



Routing Transit Number
(All nine boxes must be filled)

Account Number
(Include hyphens, but not spaces and special symbols)

By signing this agreement, I authorize Beneliance to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date ____/____/____

Authorized Signature, if selected "Other"

Date ____/____/____