AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT REIMBURSEMENT

(PLEASE PRINT CLEARLY)

245 Kenneth Drive
Rochester NY 14623-4277

Phone: (800) 473-9595

Fax: (585) 697-0331
or
(585) 424-7273

www.BenefitResource.com

Please Check One: ☐ Set up new Direct Deposit ☐ Change Direct Deposit Account ☐ Cancel Direct Deposit

Employer:

A. EMPLOYEE INFORMATION

Member ID:

Employee Last Name: First Name: MI:

Address:

City: State: Zip:

Phone Number:

B. BANK ACCOUNT INFORMATION

Account Type *(please check one)*: ☐ Checking Account ☐ Savings Account

Name of Bank:

An empty block should indicate spaces between words.

Bank Routing #:

Account #:

(Please allow 14 days after receipt by Benefit Resource, Inc. for bank pre-notification to be completed.)

C. AUTHORIZATION AGREEMENT

I hereby authorize Benefit Resource, Inc. to initiate credit entries to the bank account indicated above and, if necessary, to initiate debit entries and adjustment for any credit entries made in error to my account. This authorization is to remain in full force and effect until Benefit Resource has received written notice from me of its termination and has had a reasonable opportunity to act on it. I understand that this authorization cannot be processed unless it is completed in full and returned to Benefit Resource. By authorizing any direct deposits, I certify that the reimbursed expenses qualify for reimbursement under IRS regulations, are for a qualifying individual, and will not be reimbursed from any other source.

Signature: _____ Date: _____/_____/_____

Please return completed form to Benefit Resource, Inc. Retain a copy for your files.

Internal Use Only: Initial and Date FSA/HRA _____ CBP _____