



# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT REIMBURSEMENT

245 Kenneth Drive  
Rochester NY 14623-4277  
Phone: (800) 473-9595  
[www.BenefitResource.com](http://www.BenefitResource.com)

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

## EMPLOYEE INFORMATION

Employer Name:

Employee Member ID:

Last Name:

First Name:

MI:

Address:

City:

State:

Zip:

Phone Number:

## BANK ACCOUNT INFORMATION

Name of Bank:

Transit ABA Routing #:

Account #:

Type of Account (*Please Check One*):

- Checking Account (*you must attach a voided check with pre-printed name, transit ABA routing # and account number*)  
 Savings Account (*you must attach a deposit slip with pre-printed name, transit ABA routing # and account number*)

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

## 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 submitted with the necessary attachment. 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 \_\_\_\_\_