



Direct Deposit Form

Employer: _____

P E R S O N A L	Employee Name (Last, First, MI): _____ Social security number: _____
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D I R E C T	<p><i>NOTE – Complete the below bank information ONLY if you are a first time enrollee with BenefitsAssist, inc. or if the information is changed</i></p> <p>If you wish to receive reimbursements via direct deposit provide the following information OR attach a voided check:</p> <p>Bank name: _____ Name on account: _____</p> <p>ACH Routing Number (9 digits): _____ Account Number: _____ Type: Checking Savings</p> <p>Authorization: I hereby authorize BenefitsAssist, inc. to deposit any amounts owed me by initiating credits to my account at the financial institution (hereinafter BANK) indicated above. I authorize BenefitsAssist, inc. to initiate any necessary debit entries and adjustments for any credits made in error. This authorization is to remain in full force and effect until BenefitsAssist, inc. and BANK have received written notice from me of its termination.</p> <p>BenefitsAssist, inc. will charge a \$25 fee for each rejected transaction.</p> <p>Signature: _____ Date: _____</p>
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