Direct Deposit Authorization



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Please check with your employer to verify the availability of direct deposit services.

If you have any questions, please contact your human resource representative or contact Chard Snyder at (513) 459-9997, toll free (800) 982-7715, or visit our website at www.chard-snyder.com.

| EMPLOYEE INFORMATION | | | | | | |
|----------------------|---|---------------|---|---|------|--|
| First Name | | Home Phone | (|) | - | |
| Last Name | | Work Phone | (|) | - | |
| Company | | | | | | |
| SSN / Employee ID | Email Address (Required for plan communication) | | | | | |
| Street Address | | | | | Apt# | |
| City | | State | | | ZIP | |

| DIRECT DEPOSIT AUTHORIZATION | SELECTIONS BELOW | | | | |
|---|--------------------------|--------------------------------------|--|--|--|
| ALL Bank Information Below is REQUIRED Used for Paper Claims sent to Chard Snyder for reimbursement directly to your personal bank account. | | | | | |
| Note: In the event that your direct deposit transaction is returned, Chard Snyder reserves the right to collect a \$25 processing fee. Bank Nine Digit Routing Number (Include ALL Zeros): | Please Select One Below: | <u>Account Type:</u> (Select One) | | | |
| | Change Bank Information | Checking | | | |
| Bank Account Number: (Include All Zeros) | | | | | |
| Bank Name: | | | | | |

EMPLOYEE AUTHORIZATION AND ACKNOWLEDGEMENT

My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
 I permit Chard Snyder to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account.

- 3. Direct deposit of my reimbursements shall commence within 4 (four) weeks of receipt of this form.
- 4. My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit by my employer.

I hereby understand the information on this form and authorize Chard Snyder to complete my request.

Signature

Date /

1

| SEND THIS FORM TO CHARD SNYDER | | | | | | |
|--|--|---|--|--|--|--|
| Please submit this form to Chard Snyder via one of the three methods listed to the right | | Local (513) 459-9947 / Toll-Free (888) 245-8452 (<i>Please DO NOT include a Fax Cover Page</i>) 3510 Irwin Simpson Rd, Mason, OH 45040 askpenny@chard-snyder.com | | | | |