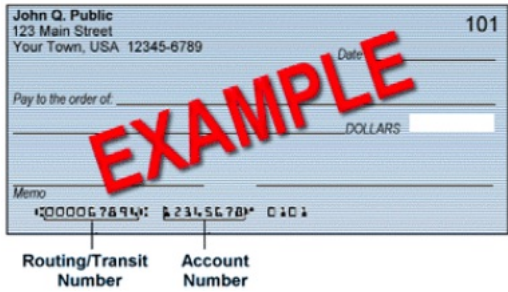


## REIMBURSEMENT ACCOUNT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name* _____ <span style="text-align: right;">(Please Print)</span>	
Employee ID Number or Last four digits of SSN* _____	
Employer* _____	
Banking Institution Name* _____	
Banking Institution Address _____ <span style="display: block; text-align: center;">City <span style="margin-left: 200px;">State</span> <span style="margin-left: 100px;">Zip</span></span>	
Routing/Transit Number* _____	
Bank Account Number* _____	
Type of Account (check only one)	<input type="checkbox"/> Checking (please attach a Voided Check)  <input type="checkbox"/> Savings
* required field	



The image shows a check from John Q. Public, 123 Main Street, Your Town, USA 12345-6789. The routing/transit number is 0000067894 and the account number is 23456789. A large red 'EXAMPLE' watermark is overlaid on the check.

I hereby request and authorize American Benefits Group to remit by direct deposit to my bank named above any amounts due me for Flexible Spending (FSA), Health Reimbursement (HRA) and/or Commuter Transit & Parking Benefit reimbursement payments. I also request and authorize the Banking Institution to accept such deposits initiated by American Benefits Group and to direct such deposits to the designated account without responsibility for the correctness of the amount.

It is understood that this agreement may be terminated at anytime by written notification by me to American Benefits Group. Any such notification to American Benefits Group shall be effective only with respect to entries initiated by American Benefits Group after receipt of such notification and within a reasonable opportunity to act on it. Any such notification to the Banking Institution by the participant is unacceptable. The Banking Institution may terminate this agreement by written notice to the participant for Just Cause.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax Toll Free: 877-723-0147 or email to [claims@amben.com](mailto:claims@amben.com)

No Fax Machine?

Mail to: American Benefits Group, P.O. Box 1209, Northampton, MA 01061-1209  
800-499-3539

