

Debit Card and Direct Deposit Request Form



Please complete this form and return it to National Benefit Services, LLC

1 Personal Information

Employee Name (First Name, Last Name)		Company Name
Street Address, City, State, Zip		<input type="checkbox"/> No <input type="checkbox"/> Yes Address Change?
Current Date	Social Security Number	Email Address (for claim payment notification)

3 Debit Card (Health Care Expenses Only)

<input type="checkbox"/> I already have a card and will continue to use it.	<input type="checkbox"/> I am new to the Plan – please send me a card	You will receive 1 card in your name. If you would like an additional card for a dependent, indicate their name here: _____ For replacement cards, card fees and/or additional dependent cards please contact HR or visit our website at www.participant.nbsbenefits.com
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3 Direct Deposit Request

Your Financial Institution	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Account Type
Financial Institution Address	
Routing Number	Account Number

4 Employee Signature

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature	Date
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5 Voided Check

Attach a blank voided check here.

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

Please return to National Benefit Services, LLC