



www.CustomDesignBenefits.com

Employee Authorization for Direct Deposit

Please check one of the boxes below:

- ADD - Please deposit my reimbursements into the bank account listed below
CHANGE - I would like to change the account where my current direct deposit reimbursement is sent
CANCEL - I would like to stop sending funds directly to my account and have future funds by check mailed to me at the address on file.

Please allow one or two pay periods for processing.

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee SSN or #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: [ ]

Bank Routing Number (9 digits): [ ] Account Number: \_\_\_\_\_

I hereby authorize Custom Design Benefits, Inc. to initiate credit entries to the checking account indicated on this form as the depository financial institution for transactions related to my Flexible Spending Account or Health Reimbursement Account. Additionally, I authorize the Company to initiate any necessary debit reversal entries only for the correction of erroneous or duplicate entries previously credited to my account indicated on this form. It is acknowledged that the origination of ACH transactions to my account must comply with the provisions of United States law.

This authorization is to remain in full force and effect until Custom Design Benefits, Inc. has received written notice of its termination in such time and in such manner to afford Custom Design Benefits, Inc. and the financial institution a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACH A VOIDED CHECK FROM THE ACCOUNT HERE

A voided check should be attached so there is no question as to the bank and account where funds are to be debited or credited.