

YOUR PERSONAL INFORMATION

Please print.

Your Name: _____

Your Social Security Number:

X	X	X	-	X	X	-				
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YOUR BANK

Name of Depository Bank:	
Transit/ABA #:	
Account #:	
Account Type:	<input type="checkbox"/> Checking* <input type="checkbox"/> Savings**
Authorized User(s): (as they appear on check)	

* Attach a voided check for checking account.

** Attach a voided deposit slip for savings account.

YOUR AUTHORIZATION

I (we) hereby authorize Empyrean Benefit Solutions, Inc. (“the Company”) to initiate debit and/or credit ACH banking transactions to my account with the Depository Bank indicated above. I (we) also authorize the Company to initiate adjustment entries for any payments issued in error to debit and/or credit the same to such account(s). This authority is to remain in full force and effect until the Company receives written notification of termination in such time and in such manner as to afford both the Company and the Depository Bank a reasonable opportunity to act on it. I (we) understand this authorization is for reimbursements from or repayments to my employer-sponsored spending account plan.

Note: If you have a joint account, both parties must sign below.

Signed: _____ **Signed:** _____

Date: _____ **Date:** _____

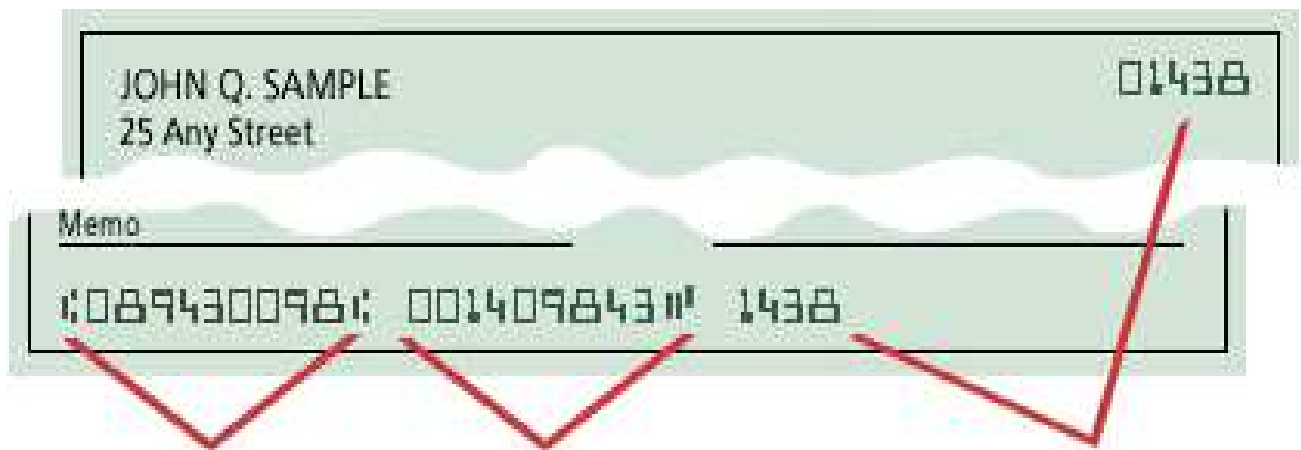
Please return completed form via mail or fax to:

Enrollment Point Benefits Service Center
 P.O. Box 571687
 Houston, TX 77257-1687

Toll Free Number: 1-999-999-9999
 Toll Free Fax: 1-866-231-8168

Direct Deposit Authorization Form

Check Sample



Deposit Slip Sample

NAME
ADDRESS
CITY, STATE ZIP

DATE _____
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE FOR CASH RECEIVED (IF REQUIRED) *

BANK NAME
ADDRESS
CITY, STATE ZIP

STOCKS
CHECK OR TOTAL FROM OTHER SIDE
SUB-TOTAL
LESS CASH RECEIVED

\$

⑆012345678⑆ 01234567890123⑈

Bank Routing Number Bank Account Number