



DIRECT DEPOSIT FORM AUTHORIZATION AGREEMENT

Mail completed forms to WORKTERRA, PO Box 11657, Pleasanton, CA 94588 or fax to: 925-460-3929

The fastest way to add, change, or stop direct deposit is via the consumer portal at <https://workterra.lh1ondemand.com>. If you do not wish to utilize the consumer portal then this form can be used to initiate, change or cancel your direct deposit. This service alleviates the time spent waiting for a check in the mail and is available to all plan participants. Please note – this form must be sent to WORKTERRA two weeks before the reimbursement method is changed if you choose not to enter the information via the consumer portal.

All requests for Direct Deposit must be submitted on this form and include a voided check for the account. Forms without a voided check attached will not be processed. Deposit slips are not acceptable as appropriate routing numbers may not be available.

Reimbursement will only occur if you have submitted a claim to WORKTERRA with receipts for eligible expenses. WORKTERRA does not guarantee payments into your account on any date. WORKTERRA is not responsible for bank charges of any type that you may incur for direct deposit transactions. Do NOT assume that a payment has been made to your account at any time. You are solely responsible for checking with your bank as to the deposit amount and date of direct deposits made to your account. You may use the on-line account balance system (through WORKTERRA's web site) or contact WORKTERRA Customer Service to check the status of your flexible spending account.

By submitting this form, you understand that your claims reimbursements will be deposited into the listed account. Please place an x in the appropriate box:

☐ Initiate Direct Deposit ☐ Change Account ☐ Cancel Direct Deposit

Employer Name: _____

Employee Name: _____

SSN: _____

Employee Address: _____

Daytime Phone: _____

Bank Name & Address: _____

Bank Routing #: _____

Bank Account #: _____

☐ Checking Account

☐ Savings Account

Authorizing Signature: _____

For assistance in finding routing and account numbers please see below:

SAMPLE CHECK:
Andrew Sample
Martha Sample
123 Main Street
Anywhere, NY 10000

1234
_____,19____

Pay to the
Order of _____ \$ _____
Dollars

Anywhere Bank
Anywhere NY 10000

For _____
ROUTING: 120015005 ACCOUNT: 1010120001 1234

Routing Number must be nine digits. If the first two digits are not 01 through 12 or 21 through 32, your direct deposit request will be rejected. **The Account Number** can be up to 17 characters (both numbers and letters) - include hyphens but omit spaces and special symbols.