

FLEXIBLE SPENDING ACCOUNT

DIRECT DEPOSIT AUTHORIZATION FORM

PARTICIPANT INFORMATION:

Employer Name:			
Participant Full Name (as it appears on the checking account):			
Participant Social Security Number:			
Participant Phone Number:			
Participant Email Address (<i>Required</i>):			

ACCOUNT INFORMATION:

Bank Name:	
Account Number:	
Routing Number:	

AGREEMENT

I hereby authorize Benetech to deposit applicable Flexible Spending Account reimbursements into the bank account listed above. I understand that I may discontinue this payment service at any time by notifying Benetech in writing.

Participant Signature*:		Date:	
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**(Must be an authorized signer on the checking account)*

- ❖ Participant must include a voided or cancelled check with the account information above to complete this authorization.
- ❖ Please submit the completed form and check to Benetech Inc. at:

P.O. Box 348
North Greenbush, NY 12198