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# Flexible Spending Account/HRA Direct Deposit Authorization Form

## PARTICIPANT INFORMATION

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

Participant Full Name: \_\_\_\_\_

(Exactly as it appears on the checking account.)

Participant Social Security Number: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_

Participant Email Address (Required): \_\_\_\_\_

## ACCOUNT INFORMATION

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

## AGREEMENT

I hereby authorize Benetech to deposit applicable Flexible Spending Account/HRA 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 \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Must be an authorized signer on the checking account.)

(over)

\*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, PO Box 348, Wynantskill NY 12198.*