



ATTACH VOIDED CHECK HERE

DIRECT DEPOSIT AUTHORIZATION

EMPLOYER NAME: _____

MY NAME: (Please Print) _____

I authorize Concepts in Benefits, Inc. (CBI) to automatically deposit my Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) Claims Reimbursements to my:

_____ Checking Account (attach voided check – see below)

_____ Savings Account

at _____

(Name of Financial Institution)

located in _____

(City, State and Zip)

and to make adjustment entries, if necessary, only for the purpose of correcting an erroneous credit previously deposited to my account, provided that CBI has notified me of the reason for the adjustment.

I understand that this agreement may be terminated by me or by CBI at any time by email or written notification. Any such notification requires a reasonable time to act upon it.

Please enter bank information.

Bank Routing Number _____

Bank Account Number _____

IF CHECKING ACCOUNT YOU MUST ATTACH A VOIDED CHECK

I have read and I understand the conditions of this direct deposit authorization form.

Signature

Date

Note: Direct Deposit Activity will appear on:

- Your Bank Statement

Concepts in Benefits, Inc.
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