# Direct Deposit Authorization

## INSTRUCTIONS (PLEASE PRINT ALL INFORMATION LEGIBLY).

1. Attach a voided check if you designate a checking account. **Do not submit a deposit slip**. If you designate a savings account, attach a completed Savings Account Direct Deposit Form from your financial institution.
2. Please sign and date the form. Omission of signature will delay processing.
3. Mail completed form to the address indicated at the bottom of the page.
4. Notify Advanced Benefits Management immediately of any account changes or account closings.

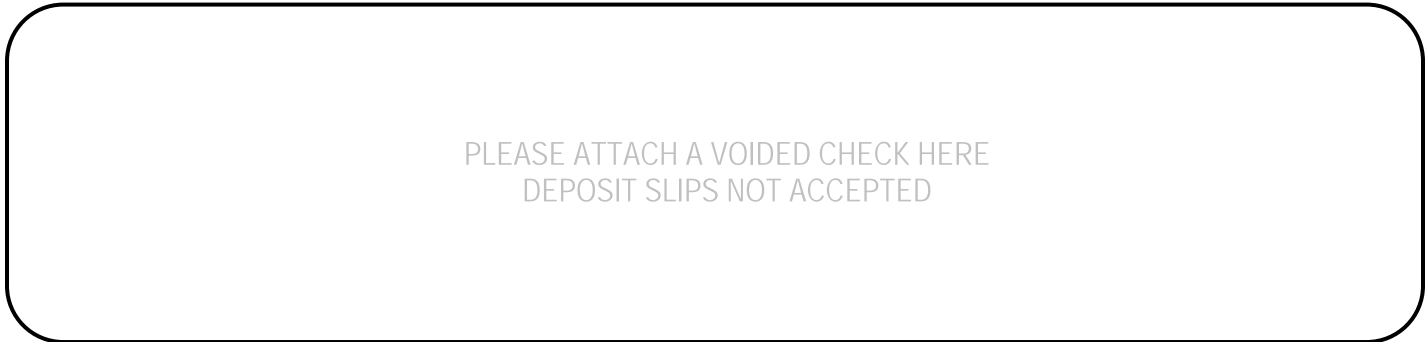
Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account within five days after the reimbursement claim has been filed.

## PARTICIPANT INFORMATION

First Name______________________________________________________ Last Name________________________________________________________________________

Social Security Number__________-_________-_____________ Daytime Telephone (________) ______________________________ Email_______________________________

Employer Name_________________________________________________________________________________________________




## BANK INFORMATION

Check only one:
- ☐ Set-up Direct Deposit for:
  - ☐ Checking (attach void check above)
  - ☐ Savings (attach a Savings Account Direct Deposit Form from your financial institution)
- ☐ Change Account Information
- ☐ Cancel Direct Deposit

Full Bank Name_____________________________________________________ Telephone (_______) ________________________________

Bank Routing Number (9-digit number on lower left of check) _____ _____ _____ _____ _____ _____ _____ _____ _____

Bank Account Number (up to 17-digits) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

### IMPORTANT

- The designated account must be in your name.
- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number and the bank routing number. Call your bank if you are unsure of your bank account information.

## AUTHORIZATION

I hereby authorize Advanced Benefits Management to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Advanced Benefits Management has received written notification from me of its termination in such time and in such manner as to afford Advanced Benefits Management reasonable opportunity to act on it.

Employee Signature_________________________________________________________________________ Date________________________________________

**Mail Completed Form To:**
**Advanced Benefits Management**
**1299 W. Riverstone Dr**
**Coeur d'Alene ID 83814**