



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR AUTHORIZED DIRECT DEPOSIT (ACH CREDITS)

Complete this form if you would like your BPC reimbursements deposited directly in your checking or savings account. *If you currently are having your payments deposited you do not need to complete this form again.*

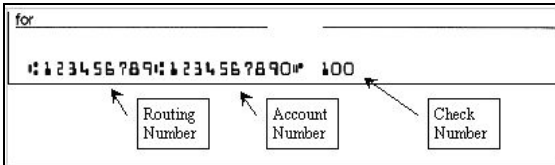
I hereby authorize Benefit Planning Consultants, Inc. hereinafter call COMPANY, to initiate credit entries for (Your Employer) _____ Flexible Spending Account(s) and or Health Reimbursement Arrangement account and to initiate, if necessary debit entries and adjustment for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME _____

CITY _____ **STATE** _____ **ZIP** _____

ABA BANK ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

DEPOSITORY ACCOUNT TYPE: **CHECKING** _____ **SAVINGS** _____



I agree to surrender to BPC an unused and voided personal check from BANK DEPOSITORY as verification for depository account stated above.

This authority is to remain in full force and effect until BPC has received written notification form me of its termination in such time and in such manner as to afford BPC and BANK a reasonable opportunity to act on it.

EFFECTIVE DATE: _____

EMPLOYEE NAME: _____ **SSN:** _____
(please print)

SIGNATURE: _____ **DATE AUTHORIZED:** _____

Mail to: Benefit Planning Consultants, Inc PO Box 7500 Champaign, IL 61826-7500	Fax: 217-239-4499 or 800-295-2990 (include copy of voided check)
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