

GROUP PLAN SOLUTIONS

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DIRECT DEPOSIT FORM

In order to receive your reimbursements by direct deposit to your bank account, please complete this form and return it to your company's benefits administrator.

Employee Name	Social Security Number
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Bank Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number	Bank Account Number

Authorization

I authorize the direct deposit of funds reimbursed from my Pre-tax Accounts into the bank account specified above. My administrator will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify my administrator, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that I have read, and understand, the information on this Authorization form.

Date _____ Signature _____

