AWM Reimbursement Account Employee Direct Deposit Authorization Form

Instructions for Completing This Form:
1. Fill in all fields below
2. Attach voided check (no deposit slips)
3. Sign and date form.

Employer Name (please print) _____

Last Name (Please Print) _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Social Security Number _____ Home Phone (_____)_____ Work Phone (_____)_____

Check Action: ☐ New ☐ Change ☐ Cancel   Effective Date _____/_____/_____   Account Type: ☐ Checking ☐ Savings
mm/dd/yy

Ownership of Account: ☐ Self ☐ Joint ☐ Other _____

Name of Bank _____

Routing Transit Number
(All nine boxes must be filled)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Account Number
(Include hyphens, but not spaces and special symbols)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

– – — — — — — — — — **ATTACH A COPY OF <u>VOIDED</u> CHECK HERE** — — — — — — — — —

Do not attach deposit slips, as they do not supply the necessary information.

Joan Doe
Anywhere, USA

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

YOUR TOWN BANK
YOUR TOWN, AR 12345

FOR _____   **VOID**

⑆255500051⑆ 1234556789022⑈

By signing this agreement, I authorize my benefits TPA to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ **Date** _____/_____/_____
mm/dd/yy

Anderson, Williams, McKinnis & Co., Inc.
PO Box 380968
Birmingham AL 35238
support@awm.cc