

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.
4. If the account is not in your name alone, the other account holder must also 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)

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Account Number

(Include hyphens, but not spaces and special symbols)

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----- ATTACH A COPY OF VOIDED 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
⑆ 25550005⑆ 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