



REIMBURSEMENT ACCOUNT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name* _____ (Please Print)	
Employee ID Number or Last four digits of SSN* _____	
Employer* _____	
Banking Institution Name* _____	
Banking Institution Address _____ City State Zip	
Routing/Transit Number* _____	
Bank Account Number* _____	
Type of Account (check only one)	<input type="checkbox"/> Checking (please attach a Voided Check) <input type="checkbox"/> Savings
* required field	

John Q. Public
123 Main Street
Your Town, USA 12345-6789

Pay to the order of: _____
DOLLARS

Memo
⑆00006789⑆ ⑆2345678⑆ 0101

Routing/Transit Number Account Number

I hereby request and authorize American Benefits Group to remit by direct deposit to my bank named above any reimbursement payments. I also request and authorize the Banking Institution to accept such deposits initiated by American Benefits Group and to direct such deposits to the designated account without responsibility for the correctness of the amount.

It is understood that this agreement may be terminated at anytime by written notification by me to American Benefits Group. Any such notification to American Benefits Group shall be effective only with respect to entries initiated by American Benefits Group after receipt of such notification and within a reasonable opportunity to act on it. Any such notification to the Banking Institution by the participant is unacceptable. The Banking Institution may terminate this agreement by written notice to the participant for Just Cause.

Signature _____ Date _____

