



Direct Deposit Authorization of Reimbursement Claims

? **DID YOU KNOW** your reimbursement payment can be sent directly to your personal bank account? This means no more trips to the bank to deposit or cash your reimbursement check! Simply complete this form, return it to Benecom Co, and we will get you set up for Direct Deposit. (If you have already signed up for Direct Deposit please disregard this form unless banking information has changed.)

Employee/Participant Name: _____ **Employee SSN:** _____

Company Name: _____

I hereby authorize Benecom Company to initiate credit entries to my:

Checking Account *or* Savings Account

Indicated below and the depository named below (Depository) to credit the same to such account.

****An actual voided check must be attached****

Staple voided check here

This form will not be processed without a voided check

Account Number: _____ **Transit Routing Number** _____

Depository* (Financial Institution): _____

City: _____ **State:** _____

This authority will remain in full force and effect until Benecom Company has received written notification from me of its termination in such time and in such manner as to afford Benecom Company a reasonable opportunity to act on it. Benecom Company is not responsible for any bank fees related to expenditures made before an actual ACH Deposit is in my account. It will be my responsibility to verify that the funds in my account before I expend them.

Signature: _____ **Date:** _____

Fax or mail to:
Benecom Company
3429 Stony Spring Circle
Louisville, KY 40220
Fax: 502-495-6825