

**Flexible Benefit Plan**  
**Authorization for Direct Deposit of Reimbursement Claims**

Employee Name \_\_\_\_\_ Employee SSN \_\_\_\_\_

Employer \_\_\_\_\_

I hereby authorize Custom Benefit Solutions to initiate credit entries to my (check one)  
 checking account or  savings account indicated below and the depository named  
below (Depository) to credit the same to such account.

Account Number \_\_\_\_\_

Depository (Financial Institution) \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Bank ACH Transit Routing Number \_\_\_\_\_

This authority will remain in full force and effect until Custom Benefit Solutions has received written notification from me of its termination in such time and in such manner as to afford Custom Benefit Solutions a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**TAPE OR STAPLE VOIDED CHECK HERE**

*If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct ACH transit routing number from your financial institution.*