



P.O. Box 348
Wynantskill, NY 12198
(518) 283-8500
800-698-4753

www.benetechadvantage.com

Flexible Spending Account Direct Deposit Authorization Form

PARTICIPANT INFORMATION

| | |
|--|--|
| Employer Name: | |
| Participant Full Name: | |
| (Exactly as it appears on the checking account.) | |
| Participant Social Security Number: | |
| Participant Phone Number: | |

Participant Email Address (*Required*): _____

ACCOUNT INFORMATION

| | |
|-----------------|--|
| Bank Name: | |
| Account Number: | |
| Routing Number: | |

AGREEMENT

I hereby authorize Benetech to deposit applicable Flexible Spending Account reimbursements into the bank account listed above. I understand that I may discontinue this payment service at any time by notifying Benetech in writing.

| | | | |
|---------------------------|--|-------|--|
| Participant Signature: | | Date: | |
|---------------------------|--|-------|--|

(Must be an authorized signer on the checking account.)

*Participant must include a voided or cancelled check with the account information above to complete this authorization.

Please submit the completed form and check to Benetech Inc., PO Box 348, Wynantskill NY 12198.