

Direct Deposit Authorization

Instructions (Please print all information legibly).

1. Attach a voided check if you designate a checking account. **Do not submit a deposit slip.** If you designate a savings account, attach a completed Savings Account Direct Deposit Form from your financial institution.
2. Please sign and date the form. Omission of signature will delay processing.
3. **Fax or Email completed form to (208) 215-2137 or Claims@BenXnw.com**
4. Update your Direct Deposit anytime by logging in to your account.

Direct Deposit authorization required that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account within five days after the reimbursement claim has been filed.

Participant Information

First Name _____ Last Name _____

Last four of the Social Security Number _____ Daytime Telephone _____

Email _____ Employer Name _____

Please Attach a Voided Check Below

Bank Information

- Set-up Direct Deposit for:
 - Checking (attach voided check above)
 - Savings (*attach a Savings Account Direct Deposit Form from your financial institution*)
- Change Account Information
- Cancel Direct Deposit

Full Bank Name _____ Telephone _____

Bank Routing Number (9-digit number on lower left of check) _____

Bank Account Number (up to 17-digits) _____

Important

The Designated account must be in your name.

Processing of your Direct Deposit information will be delayed if you do not included both the bank account number and the routing number. Contact your bank if you are unsure of your bank account information.

Authorization

I hereby authorize BEN to initiate credit entries for depositing my FSA or HRA reimbursements into my account designated above, and if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until BEN has received written notification from me of its termination in such time and in such manner as to afford BEN reasonable opportunity to act on it.

Employee Signature _____ Date _____