



Direct Deposit Form

AUTHORIZATION AGREEMENT FOR REIMBURSEMENT



YOU COULD BE GETTING YOUR REIMBURSEMENT FASTER! Sign up for Direct Deposit online via the employee portal ([BRIWEB](#)) if allowed by your plan.



Please Check One: Set up new Direct Deposit Change Direct Deposit Account Cancel Direct Deposit

Employee Name Employer

Member ID *(set by your employer. Typically an employee ID or SSN.)* Phone Number

Street or PO Box Email Address

City State ZIP

Bank Account Information

Account Type *(please check one):* Checking Account Savings Account

Name of Bank

Bank Routing #

Account #

PLEASE CERTIFY THE FOLLOWING:

I hereby authorize Benefit Resource, LLC to initiate credit entries to the bank account indicated above and, if necessary, to initiate debit entries and adjustment for any credit entries made in error to my account. This authorization is to remain in full force and effect until Benefit Resource has received written notice from me of its termination and has had a reasonable opportunity to act on it. I understand that this authorization cannot be processed unless it is completed in full and returned to Benefit Resource. By authorizing any direct deposits, I certify that the reimbursed expenses qualify for reimbursement under IRS regulations, are for a qualifying individual, and will not be reimbursed from any other source.

Signature

Date *(MM/DD/YYYY)*

SUBMIT FORM BY MAIL:

Benefit Resource, LLC | PO BOX 642 | Willow Grove, PA 19090

Please allow 2-3 days after receipt by Benefit Resource for bank pre-notification to be completed.

Office Use: Initial and Date FSA/HRA CBP