



Direct Deposit Authorization Form

Instructions

1. Complete the Participant Information section completely
2. Complete the Account Information
3. Sign and date the form
4. Attach a copy of 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.
5. Submit the completed form by email to membercare@peakoneadmin.com or fax to 855-495-3669.
6. Notify Peak One immediately of any changes to your bank account.

Participant Information

Employer Name	
Participant Name	Last 5 Digits of SSN
Email Address	Mobile Number

Account Information

Type of Account:

- Checking
 Savings

Bank Name	
Routing Number	Account Number

Authorization

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

Employee Signature: _____ Date: _____

ATTACH A COPY OF A VOIDED CHECK