Benetech
benefits • payroll • hr

P.O. Box 348 | One Dodge Street
North Greenbush, NY 12198
(518) 283-8500 | 800-698-4753
Fax (518) 283-2384

FSA/HRA/HSA

DIRECT DEPOSIT AUTHORIZATION FORM

PARTICIPANT INFORMATION:

Employer Name:	
Participant Full Name (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. at:**

P.O. Box 348

North Greenbush, NY 12198