



Employee Authorization for Direct Deposit

Submit Form To:

Custom Design Benefits, Inc.

5589 Cheviot Road

Cincinnati, Ohio 45247

Ph: (800) 598-2929

Fax: (513) 598-2901

Flex@CustomDesignBenefits.com

Please check one of the boxes below (allow 1-2 pay periods for processing):

- ADD** Please deposit my reimbursements into the bank account listed below
- CHANGE** I would like to change the account where my current direct deposit reimbursement is sent
- CANCEL** I would like to stop sending funds directly to my account and have future funds by check mailed to me at the address on file.

Employer Name: _____

Employee Name: _____ Employee SSN or #: _____

Financial Institution: _____

Branch: _____ City: _____ State: _____ Zip: _____

Bank Routing Number (9 digits): _____

Checking Account _____ or Savings Account _____

I hereby authorize Custom Design Benefits, Inc. to initiate credit entries to the checking account indicated on this form as the depository financial institution for transactions related to my Flexible Spending Account or Health Reimbursement Account. Additionally, I authorize the Company to initiate any necessary debit reversal entries only for the correction of erroneous or duplicate entries previously credited to my account indicated on this form. It is acknowledged that the origination of ACH transactions to my account must comply with the provisions of United States law.

This authorization is to remain in full force and effect until Custom Design Benefits, Inc. has received written notice of its termination in such time and in such manner to afford Custom Design Benefits, Inc. and the financial institution a reasonable opportunity to act on it.

Authorized Signature: _____ **Date:** _____

ATTACH A VOIDED CHECK FROM THE ACCOUNT HERE

A voided check should be attached so there is no question as to the bank and account where funds are to be debited or credited.