



Benefit Coordinators, Inc.
 Post Office Box 210546
 Columbia, South Carolina 29221
 TEL 803 772 0110
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DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name:	Social Security Number:
Telephone Number:	Employer:
Street Address, City, State, Zip Code:	
E-mail Address:	

<i>I request that my Section 125 reimbursement direct deposit to be placed in the following account:</i>			
Institution	Bank Routing Number:	Account Number:	Type of Account
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

PLEASE PROVIDE A VOIDED CHECK FOR THE ACCOUNT LISTED ABOVE. DO NOT USE A DEPOSIT SLIP, THE NUMBER COULD BE INVALID.

I authorize my Section 125 reimbursement to be sent to the financial institution named above to be deposited in the designated account. In the event that funds are deposited erroneously into my account, I authorize my Section 125 provider to debit my account not to exceed the original amount. I also understand that it is my responsibility to update my Section 125 provider if my account information changes and that I will be charged a \$20 fee for returned direct deposits for a closed account, incorrect account or routing number as well as any block on my account that will prevent my Section 125 provider from completing the transaction. I understand that all direct deposits are made through the automated clearing house (ACH), and that availability is subject to the terms and limitations of the ACH as well as my financial institution.

Employee Signature	Date:
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