

**AUTHORIZATION AGREEMENT FOR ELECTRONIC DIRECT DEPOSIT FOR
HRA/MERP REIMBURSEMENTS FOR EMPLOYEES**

Employee: _____

Social Security Number: _____

Employee Address: _____

City/State/Zip: _____

Telephone: _____

Employee Email Address: _____

I hereby authorize Benefit Design Specialists, Inc. to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and credit any entries initiated by Benefit Design Specialists, Inc. to my account. In the event that a credit is received in my account in error, I authorize Benefit Design Specialists, Inc. to debit my account for an amount not to exceed the original credit.

BANK INFORMATION

Bank Name _____ Account # _____

ABA # _____ Checking Savings
(Check One)

Sample Check Bottom:

A123456789A 0001234567C 0100
↑ ABA# ↑ Account #

I authorize Benefit Design Specialists, Inc. to send confirmations and details regarding credit entries to my e-mail address listed above. This authorization is to remain in effect until Benefit Design Specialists, Inc. and or BANK has received written notice of its termination.

Employee Signature

Date

Mail Completed Form to:

Benefit Design Specialists, Inc.
4550 Lena Drive
Mechanicsburg, PA 17055
Or Fax 855-289-2602
Or E-Mail claims@bdsadmin.com