

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

Company Name: \_\_\_\_\_

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.  
1 Kacey Court, Suite 100  
Mechanicsburg, PA 17055  
Or Fax 855-296-1027  
Or E-Mail [claims@bdsadmin.com](mailto:claims@bdsadmin.com)