

Direct Deposit Authorization

Agreement Type	<input type="checkbox"/> New Agreement <input type="checkbox"/> Change Account <i>(please choose one)</i>	
Employee Information	Employee Name _____ Employer _____ SSN/EEID _____ Home Address _____ Daytime Phone No. (_____) _____ Email address _____	
Account Information	Reimbursement Plan Type: <input type="checkbox"/> FSA <input type="checkbox"/> Tuition <input type="checkbox"/> Commuter <input type="checkbox"/> Other _____ I authorize Crosby Benefit Systems to deposit my full reimbursement into my: <input type="checkbox"/> CHECKING account or <input type="checkbox"/> SAVINGS account <i>(please choose one)</i>	
Please SIGN	Employee Signature _____ Date _____	
Complete for Checking Account Only	<div style="border: 1px solid black; padding: 5px;"> <p style="margin: 0;">John Doe 1245 1000 Main St. Date: _____ Anytown, USA 11111 V - O - I - D</p> <p style="margin: 0;">Pay to the Order Of: _____ \$ _____</p> <p style="text-align: center; margin: 0;">PLEASE TAPE A VOIDED CHECK HERE</p> <p style="margin: 0;">Memo _____</p> <p style="margin: 0;"> 123456789 00111 11111 1245</p> </div> <p style="margin-top: 10px;">Please tape a voided check for checking account. (Do not staple.)</p>	
Complete for Savings Account	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ <i>Or attach a bank letter with savings routing and account number</i>	
Submission Information	Fax completed forms to: 617-928-0001	Or mail to: Direct Deposit Crosby Benefit Systems, Inc. PO Box 929125 Needham, MA 02492
For Admin Use Only	Set Up (name) _____ Date Set Up ____/____/____	

