

Employee/Participant

**Flexible Benefit Program
Authorization for Direct Deposit of Reimbursement Claims**

Employee/Participant Name: _____ Employee SSN: _____

Company Name: _____

I hereby authorize J. Peat & Associates, Inc. to initiate credit entries to my:

Checking Account

Savings Account

indicated below and the Depository named below to credit the same to such account.

**** An actual voided check must be attached ****

Staple voided check here

This form will not be processed without a voided check

Account Number: _____

Depository (Financial Institution): _____ Branch: _____

City: _____ State: _____

Bank ACH Transit Routing Number: _____

This authority will remain in full force and effect until J. Peat & Associates, Inc. has received written notification from me of its termination in such time and in such manner as to afford J. Peat & Associates a reasonable opportunity to act on it.

Signature: _____

Date: _____

