



# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Save time and hassle by signing to have BPC-issued reimbursements deposited directly into the account of your choice. If you already have reimbursements issued this way, you do not need to sign up again. There are two ways to sign up:

- 1. Online Authorization:** You may enter your banking information online by logging in to the BPC web portal (available at [www.bpcinc.com](http://www.bpcinc.com)), and clicking on Reimbursement Settings under the My Accounts tab. You may need to register your online account if you have not already done so. Online authorization will take immediate effect.
- 2. Paper Authorization:** You may sign up by completing the form below and submitting via mail or fax to the address/fax numbers at the bottom of this page. Please allow 2-3 business days for processing of paper forms before new method or account will take effect.

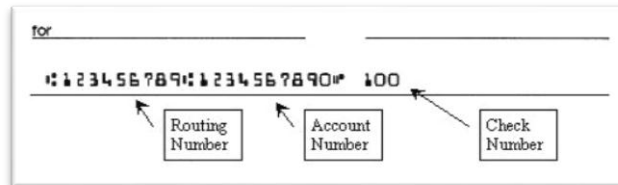
I hereby authorize Benefit Planning Consultants, Inc. (BPC), to initiate credit entries for my Flexible Spending Accounts, Health Reimbursement Arrangements and/or Transportation and Parking accounts to the bank account indicated below and the depository named below, hereinafter called DEPOSITORY. If any credit entries are made in error, this authorization shall allow BPC to initiate corrective debits against the depository account.

### ACCOUNT INFORMATION:

DEPOSITORY (BANK) NAME \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

### DEPOSITORY ACCOUNT TYPE:

CHECKING     SAVINGS



I agree to surrender to BPC an unused and voided personal check from DEPOSITORY as verification for depository account stated above.

This authority is to remain in full force and effect until BPC has received written notification from me of its termination in such time and in such manner as to afford BPC and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYER NAME: (please print) \_\_\_\_\_

EMPLOYEE NAME: (please print) \_\_\_\_\_

EMPLOYEE E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE AUTHORIZED: \_\_\_\_\_