



Direct Deposit Authorization Agreement

You can now have Health Reimbursement Account reimbursements deposited directly into your bank account. Please complete the following information below to setup direct deposit. **(DIRECT DEPOSIT IS OPTIONAL. PAPER CHECKS WILL BE PROVIDED FOR REIMBURSEMENT IF YOU DECIDE TO NOT COMPLETE THIS FORM.)**

Bank Name _____

Transit (ABA) No. _____ Account No. _____

Please indicate type of account (circle one): CHECKING or SAVINGS

If this is a new account, it must be established and active at your bank before you request direct deposit.

Please attach a voided check for checking, or a deposit slip for savings account.

(Attach check / slip here)

I authorize AdminUSA, Inc. and the bank listed above to deposit my Section 125 claim reimbursement directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize AdminUSA, Inc. to direct the bank to return said funds to AdminUSA, Inc.

I understand that my deposit may not be credited to my account for up to two business days after the transaction has been sent to the bank for processing.

Employer Name _____

Employee Name _____ SSN # _____
(Please Print)

Work Phone Number _____ Home Phone Number _____

Employee Signature _____ Date _____

I understand that this authorization will remain in effect until I advise AdminUSA, Inc. that I have revoked it. Furthermore, I understand that it is my responsibility to notify AdminUSA, Inc. of all future changes to my bank account number and routing number. If I fail to notify AdminUSA, Inc. of changes of this nature, I will be responsible for reimbursing AdminUSA, Inc. for all applicable bank changes.

Please fax this completed form to AdminUSA, 252-265-5998, or mail it to PO Box 8178, Wilson, NC 27893.