

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	Please tape a voided check for checking account. (Do not staple.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">John Doe</td> <td style="width: 40%; text-align: right;">1245</td> </tr> <tr> <td>1000 Main St.</td> <td style="text-align: right;">Date: _____</td> </tr> <tr> <td>Anytown, USA 11111</td> <td style="text-align: center;">V - O - I - D</td> </tr> <tr> <td colspan="2">Pay to the Order Of: _____ \$ _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">PLEASE TAPE A VOIDED CHECK HERE</td> </tr> <tr> <td colspan="2">Memo _____</td> </tr> <tr> <td colspan="2"> 123456789 00111 11111 1245</td> </tr> </table>	John Doe	1245	1000 Main St.	Date: _____	Anytown, USA 11111	V - O - I - D	Pay to the Order Of: _____ \$ _____		PLEASE TAPE A VOIDED CHECK HERE		Memo _____		123456789 00111 11111 1245	
John Doe	1245															
1000 Main St.	Date: _____															
Anytown, USA 11111	V - O - I - D															
Pay to the Order Of: _____ \$ _____																
PLEASE TAPE A VOIDED CHECK HERE																
Memo _____																
123456789 00111 11111 1245																
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 ____/____/____															

