



DIRECT DEPOSIT REIMBURSEMENT AUTHORIZATION AGREEMENT FORM

Complete the form below and provide a copy of a void check or a direct deposit authorization form from your bank. If you do not provide either of these documents, you will not be enrolled in direct deposit reimbursements (please print clearly).

Please Circle One:

Set Up New Direct Deposit Account

Change Direct Deposit Account

Cancel Direct Deposit

EMPLOYEE INFORMATION

Employer Name:

Employee Social Security Number:

Last Name:

First Name:

MI:

Address:

City:

State:

Zip:

Phone Number:

BANK ACCOUNT INFORMATION

Account Type (Circle One):

Checking Account

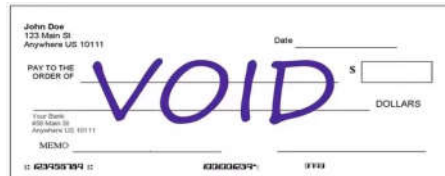
Savings Account

Name of Bank:

Bank Routing #:

Account #:

Please allow 7-10 days after receipt by FBA of Syosset for bank pre-notification to be completed. Please provide a void check with your completed deposit form.



AUTHORIZATION AGREEMENT

I hereby authorize FBA of Syosset, LLC to initiate credit entries to the bank account indicated above and, if necessary, to initiate debit entries and adjustment for any credit entries made in error to my account. This authorization is to remain in full force and effect until FBA of Syosset has received written notice from me of its termination and has had a reasonable opportunity to act on it. I understand that this authorization cannot be processed unless it is completed in full and returned to FBA of Syosset. By authorizing any direct deposits, I certify that the reimbursed expenses qualify for reimbursement under IRS regulations, are for a qualifying individual, and will not be reimbursed from any other source.

Signature: _____

Date: _____

***Please return completed form to FBA of Syosset. Retain a copy for your files.
Please email or fax the completed authorization form to the below:***

**FBA National
333 Earle Ovington Blvd, Suite 510
Uniondale, NY 11553
Fax: (833) 930-1024
Phone: (855) 374-6431
Email: claims@fbaofsyosset.com
www.fbanational.com**