

## Direct Deposit of Flexible Spending Account Health Reimbursement Account Claim Reimbursements

**Mail To:**

Benefit Allocation Systems, LLC  
P.O. Box 62407  
King of Prussia, PA 19406

**Instructions:**

Your employer has engaged Benefit Allocation Systems, LLC ("BAS") to provide flexible spending account and/or health reimbursement account administrative services. If you would like your employer to directly deposit your flexible spending account (FSA) or health reimbursement account ("HRA") claim reimbursements into your personal financial account, please follow the instructions below:

1. Complete and sign the form below
2. For direct deposit into a
  - a. Checking Account, attach a voided check
  - b. Savings Account, attach a deposit slip
  - c. Other Account, attach a form from your financial institution
3. Allow approximately 5-6 business days for processing upon BAS' receipt of your complete submission. Reimbursements occurring during the processing of your direct deposit request will be made by check and mailed to your home address on record in MyEnroll.com.

**Please print**

<b>Check one of the following</b>	
<input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change	
Name (Last, First Middle Initial)	Social Security Number

**SUBMISSION OF THIS FORM MEANS YOUR ENTIRE FLEXIBLE SPENDING ACCOUNT REIMBURSEMENTS WILL GO TO THIS FINANCIAL INSTITUTION**

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)	Branch
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Enter the following information from the bottom of your check:

ABA Bank Routing Number (Must be 9 numbers)	Account Number											
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Type of Account	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> Money Market Investment (Requires Submission of ACH form from your broker)	

I authorize my employer, through Benefit Allocation Systems, LLC ("BAS"), to directly deposit funds to my account in the financial institution listed above. If funds to which I am **not** entitled are deposited in my account, I authorize my employer, using BAS as a third party sender, to initiate a correcting (debit) entry. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, I understand that funds payable to me will be returned to BAS for distribution by check mailed to my home address on record with BAS, and this will delay such reimbursement.

Employer's Name		
Date (Mo/Day/Yr)	Employee Signature	Day time Phone Number
Home Address	Street	City
	State	Zip code

Additional terms on next page

**Terms**

I agree that the origination of ACH debit or credit payments will comply with the rules of the National Automated Clearing House Association (the "Rules") and United States law. I will furnish a written copy of this Authorization Agreement for each account subject to ACH.

**My Responsibilities.**

I am responsible for maintaining the account subject to this Authorization Agreement, initiating all payments in a timely, accurate manner, and updating all relevant account information with BAS. If any of the information herein changes, I will promptly complete a new authorization agreement.

**Termination.**

This Authorization is specific only to the account listed herein and may be terminated by ten (10) days written notice. This Authorization may be terminated earlier so long as notice of termination provides a reasonable opportunity to act on such notice. Upon termination, the applicable portions of the Authorization Agreement remain in effect with respect to any ACH initiated prior to such termination.

**Acknowledgement.**

I warrant that I am authorized to establish this ACH Authorization. If my ACH information is not updated prior to a deposit attempt, I understand that funds may be denied by my bank or not deposited into the account on record. If my ACH information is not updated prior to a withdrawal attempt, I understand that I will be required to make payment by check, if applicable. I also agree that if the ACH attempt is not honored by my financial institution, for any reason, BAS will have no liability for payments if the payment is not returned to BAS.

The parties understand the terms and conditions for the allocation of gains, losses and the assumption of risk for foreign exchange conversion, along with the rights and responsibilities of the banking institution in the event of an erroneous entry.

This authority will remain in full force and effect until terminated as set forth herein.