

Direct Deposit Authorization

Fax to: (877) 761-1850 or email to: Flex@ProBenefits.com (PDF only)
Or log on to your account at ProBenefits.com to add or change online

Employer: _____

Employee Name: _____

Social Sec#: _____ Email: _____

PREARRANGED "DIRECT DEPOSITS"
AUTHORIZATION AGREEMENT

I hereby authorize ProBenefits, Inc. (hereinafter "Plan Service Provider") to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named below (hereinafter "Financial Institution").

IMPORTANT: You may also add or change Direct Deposit information any time during the plan year by logging into your account online at www.ProBenefits.com.

Please tape a Voided Check (not deposit slip) here.

A voided check supplies the account numbers and routing information required by the bank to establish your Direct Deposit arrangement. (Deposit slips sometimes do not include all needed information.)

Type of Account Checking Savings

This authority is to remain in full force and effect until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements by check, if offered by my plan.

I acknowledge that my ProBenefits account information will be available to me at www.ProBenefits.com, and that I will not receive written verification each time a reimbursement payment is made.

Signature _____ Date _____