



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Complete this form if you would like your BPC reimbursements deposited directly in your checking or savings account. *If you currently are having your payments deposited you do not need to complete this form again.*
****PLEASE NOTE THE DIRECT DEPOSIT PROCESS TAKES 7-10 BUSINESS DAYS TO BECOME EFFECTIVE.**

I hereby authorize Benefit Planning Consultants, Inc. hereinafter called COMPANY, to initiate credit entries for Flexible Spending Account(s) and/or Health Reimbursement Arrangement account and to initiate, if necessary debit entries and adjustment for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME _____

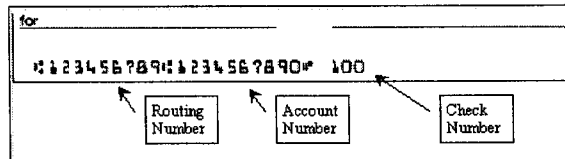
CITY _____ STATE _____ ZIP _____

ABA BANK
ROUTING NUMBER _____

ACCOUNT
NUMBER _____

DEPOSITORY
ACCOUNT TYPE:

CHECKING SAVINGS



I agree to surrender to BPC an unused and voided personal check from BANK DEPOSITORY as verification for depository account stated above.

This authority is to remain in full force and effect until BPC has received written notification from me of its termination in such time and in such manner as to afford BPC and BANK a reasonable opportunity to act on it.

EFFECTIVE DATE: _____ SSN: XXX-XX- _____

EMPLOYEE NAME: (please print) _____

EMPLOYER NAME: (please print) _____

EMPLOYEE E-MAIL: _____ PHONE NUMBER: _____

SIGNATURE _____ DATE AUTHORIZED _____

Mail to:
Benefit Planning Consultants, Inc.
PO Box 7500
Champaign, IL 61826-7500

Fax:
(217) 239-4499 or (800) 295-2990
Please include a copy of the voided check