

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employer: _____

Reimbursement Account Employee Direct Deposit Authorization Form

STEPS FOR COMPLETING THIS FORM

1. Fill in all boxes below.
2. Attach voided check (not deposit slip).
3. Sign and date form.
4. If the account is not in your name alone, have the other account holder also sign and date form.

Last Name	MI	First Name

Social Security Number	Home Phone	Work Phone

Check Action New/Change/Cancel	Effective Date Month/Day/Year	Acct. Type Checking or Savings	Ownership of Account Self/Joint/Other

Email Address

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-----ATTACH A VOIDED CHECK HERE. -----

DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.

Joan Doe Anywhere, USA
PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS
YOUR TOWN BANK YOUR TOWN, AR 123456 FOR _____
⑆ 25550005⑆ 1234556789022 ⑆ VOID

By signing this agreement, I authorize **OCA Benefit Services** to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error. (*OCA Benefit Services will NOT initiate debit entries or adjustments for credit without contacting the employee for approval first. The HR Department will be made aware of any approvals or declines of adjustments.*)

Signature: _____ Date: _____

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Signature: _____ Date: _____