



P.O. Box 348  
Wynantskill, NY 12198  
(518) 283-8500  
800-698-4753  
[www.benetechadvantage.com](http://www.benetechadvantage.com)

# Flexible Spending Account Direct Deposit Authorization Form

## PARTICIPANT INFORMATION

Employer Name:	
Participant Full Name:	
(Exactly as it appears on the checking account.)	
Participant Social Security Number:	
Participant Phone Number:	

Participant Email Address (*Required*): \_\_\_\_\_

## ACCOUNT INFORMATION

Bank Name:	
Account Number:	
Routing Number:	

## AGREEMENT

I hereby authorize Benetech to deposit applicable Flexible Spending Account reimbursements into the bank account listed above. I understand that I may discontinue this payment service at any time by notifying Benetech in writing.

Participant Signature:		Date:	
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(Must be an authorized signer on the checking account.)

\*Participant must include a voided or cancelled check with the account information above to complete this authorization.

*Please submit the completed form and check to Benetech Inc., PO Box 348, Wynantskill NY 12198.*