

National HR Direct Deposit Form

If you choose to receive your reimbursements by Direct Deposit to your bank account, please complete this form and return it with your Enrollment material.

You must attach a copy of a voided check (checking account) or savings account deposit slip. If you are using a savings account, please verify your bank's routing number as the number on the deposit slip may not be the correct number for Direct Deposit transactions.

Your Information

Company Name

Employee Name

Social Security Number

Plan Name

Plan Year

Account Information

Bank Name

Type of Account

Bank Routing Number
(see diagram below)

Bank Account Number
(see diagram below)

Authorization

I authorize the direct deposit of funds reimbursed from my Pre-Tax Accounts into the bank account specified above. My administrator, **National HR**, will continue to use this as my "Account of Record" until notified in writing to the contrary. I understand that the Direct Deposit will continue automatically into each new plan year unless I notify **National HR** in writing of a change. I also authorize my account to be debited for any reimbursements sent in error or for claims which are denied subsequent to payment. I certify that I have read and understand this Authorization.

Signature

Date

Attach Voided
Check or
Savings
Deposit Slip
here

John Doe 123 Main St. Moorestown, NJ 08057	Susquehanna Bank 55-595-312	#1001
Date _____		
Pay to the Order of _____		\$ _____
_____ Dollars		
For _____		
15525	«123654852»	«03525471231»

Routing Number

Account Number