NationalHR

Direct Deposit Form

Benefits Team | (856) 810-0700 | contact@nationalhr.com

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

Employee Information

Employee Name: _____

Employer Name: _____

Last 4 Digits of SSN: _____ Phone Number: _____

Bank Account Information

Bank Name: _____ Bank Account Number: _____

Bank Routing Number: _____ Bank Account Type: ☐ Checking ☐ Savings

Upload Voided Check or Bank Letter

(Optional, but recommended for account verification)

Authorization

I authorize the direct deposit of funds reimbursed from my accounts into the bank account specified above. My administrator, NationalHR, will continue to use this as my "Account of Record" until notified to the contrary. I understand that the Direct Deposit will continue automatically into each new plan year unless I notify NationalHR 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: _____

Submit

Submit to **clientservice@nationalhr.com** Questions? Call us at (856) 810-0700 if you need assistance.