



Flexible Benefits Plan Direct Deposit Authorization

Employer Name:

Name:

Social Security #:

 -

Daytime Phone:

 -

Email:

(optional)

Bank Information

Account #:

Type: (check one) Checking Savings

Bank Name:

Nine-Digit Routing #:

(First 9 digits on the bottom of your check)

*Please attach
voided check
here*

I ACKNOWLEDGE THE FOLLOWING:

1. My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
2. I permit Pension Dynamics Corporation to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account.
3. Direct deposit of my flexible spending account reimbursements shall commence within 4 (four) weeks of receipt of this form.
4. My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit by my employer.

I hereby understand the information on this form and authorize Pension Dynamics Corporation to complete my request as indicated:

Employee Signature:

Date:

 /

Please mail to: **BENEFIT DYNAMICS**
A division of Pension Dynamics Corporation

2300 Contra Costa Blvd. #400
Pleasant Hill, CA 94523-3599