

**GROUP PLAN SOLUTIONS**

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**DIRECT DEPOSIT FORM**

In order to receive your reimbursements by direct deposit to your bank account, please complete this form and return it to your company's benefits administrator.

Employee Name	Social Security Number
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Bank Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number	Bank Account Number

**Authorization**

I authorize the direct deposit of funds reimbursed from my Pre-tax Accounts into the bank account specified above. My administrator will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify my administrator, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that I have read, and understand, the information on this Authorization form.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Joe Smith 1234  
1234 Anystreet Court  
Anycity, AA 12345

Pay to the order of \_\_\_\_\_  
\_\_\_\_\_ Dollars

Bank Anywhere

⑆123456789⑆ 12 3456789123⑆ 1234

**Routing  
Number**

**Account  
Number**

**Check  
Number**