

Flexible Benefit Cafeteria & HRA Plan

DIRECT DEPOSIT FORM

We can make your life easier, because you do not have to go to the bank and personally deposit your Flex Plan or HRA Reimbursement Check. Nor will you be liable for the "stop check" bank fee if you lose a check.

Note: Your Employer Must Authorize Us To Provide Direct Deposit Services For You.

Direct Deposit Authorization for Flex & HRA Plan Claim Reimbursement

For Employee/Participant

Employee/Participant Name: _____ **Employee SSN:** _____

Company/Employer Name: _____

I hereby authorize Compensation Consultants, Ltd. to initiate credit entries to my: Checking account Savings account indicated below and the depository named below (Depository) to credit the same to such account.

** Please note that before the ACH option takes effect a pre-notification transaction needs to be sent to the bank for approval, therefore the next disbursement after this election will still come in the form of a check. Then the remaining payments will be via ACH. Any ACH transactions stopped by the bank will cancel your ACH election until corrections can be made.

A voided check or a copy of a check must be attached

- Do not attach deposit slips, they do not have the correct account numbers
- If you do banking at a Credit Union or S & L, you must contact them for your correct Account #
- If you want your flex check deposited to a savings account, contact the bank for your correct Acct. #

<<<<<<Staple voided / check copy to this form>>>>>>

This form will be not be processed without a voided / check copy

Depository (Financial Institution): _____ **Branch:** _____

City: _____ **State:** _____

Bank Routing Number: _____ **Account Number:** _____

This authority will remain in full force and effect until Compensation Consultants, Ltd. has received written notification from me of its termination in such time and in such manner as to afford Compensation Consultants, Ltd. a reasonable opportunity to act on it. Compensation Consultants, Ltd. is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature: _____ **Date:** _____

Fax to: 1-218-879-9684
or Mail to:
Compensation Consultants, Ltd.
P.O. Box 720
Cloquet, MN 55720-0720