

Authorization Agreement for Direct Deposit

Health and Dependent Care Reimbursement Accounts

I hereby authorize WageWorks to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to the account identified below. This election shall remain in force until revoked by me.

This agreement is: New Change Cancel

Account Number: _____

Transit ABA Routing #: _____

- The **Transit ABA Routing #** includes all of the numbers before the colon in the middle of the number. Be sure to include any zeroes at the beginning or end.
- The **Account Number** includes all of the numbers after the colon in the middle of the number. Be sure to include any zeroes at the beginning or end.

Mr. & Mrs. Ima Sample
1234 Pretend Street
Nonexistant, USA 00000

2001-91

_____ 20 _____
\$ VOID

PAY TO THE ORDER OF _____ DOLLARS

NOTTA BANK
Somewhere, USA NON-NEGOTIABLE

2001-91 123456789 09876543210

Account Type: Checking Savings

Name of Bank: _____ Bank Phone: _____

If you are requesting direct deposit, you must attach a voided check for verification and reference. For any requests other than the beginning of your plan year, it will take two check cycles for the automatic deposit authorization to be processed.

Signature: _____ Date: ____/____/____

Printed Name: _____ Social Security #: _____

Employer Name: _____ Daytime Phone Number: _____