



Direct Deposit Authorization



Please choose one in each section.

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change to an Existing Authorization	
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Other _____

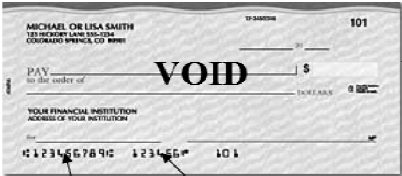
Name _____ Last 4 digits of SS# _____

Daytime Phone Number _____ Email Address _____

Financial Institution's Name _____

Financial Institution's Address _____

ABA Routing Number _____ Account Number _____



Check Example

- Please submit either a voided check or a copy of a check with this form.
- Do not use a deposit slip.
- Illegible forms, incomplete forms, or forms submitted without a check will not be processed.

I hereby authorize BenefitsWorkshop to deposit any reimbursements directly to my account(s) as indicated. I agree to notify BenefitsWorkshop immediately of any changes to the information so that my reimbursements may be properly distributed. I understand that in the event BenefitWorkshop notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account for any reason, BenefitsWorkshop may not issue my reimbursement to me until the funds are returned by my financial institution. Please note that new or amended forms may take up to two weeks to be processed.

Submit this form and voided check to:

Fax (904) 880-2830

Mail BenefitsWorkshop
P.O. Box 56828
Jacksonville, FL 32241

Questions? Contact us!

Email info@benefitsworkshop.com

Phone (888) 537-3539

Website www.benefitsworkshop.com/martincounty

Signature _____ Date _____