

# Electronic Direct Deposit Authorization

## *Professional Benefit Services, Inc.*

1193 Royvonne Avenue Suite 22  
Salem, OR 97302  
1-800-982-2012 or 503-371-7622  
fax 503-364-6901 or 866-248-9742  
e-mail: cafeteria@profben.com

Name (please print): \_\_\_\_\_  
Last First MI

Employer Name: \_\_\_\_\_

I hereby authorize Professional Benefit Services, Inc. to make deposits of my Health Reimbursement Arrangement (HRA) plan reimbursements to my account as indicated below.

New \_\_\_\_\_ Type of Account: \_\_\_\_\_ Checking  
Change \_\_\_\_\_ Savings

Name of Financial Institution: \_\_\_\_\_

Transit Routing Number & Account Number: \_\_\_\_\_  
(from lower left hand corner of check) Example: 123456789 1234567890

Please attach a **voided check** to verify routing

I also authorize Professional Benefit Services, Inc., if necessary, to make adjustments to the above account to correct any credit entries made in error. This authority remains in effect until PBS receives written notice from me or I am no longer a plan participant. I understand that the first direct deposit may be delayed up to a month following receipt of this authorization.

My e-mail address: \_\_\_\_\_

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

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