

SecureBenefits

Authorization of Direct Deposit of Reimbursement Claims

Employer Name: _____

Employee Name: _____

Employee E-Mail Address: _____

(Notification of deposit will be sent to this address)

I hereby authorize Secure Benefits to initiate deposits to the:

____ checking account or ____ savings account at _____ (name of bank)

Routing Number (9 digits): _____ Account Number: _____

(A voided check may be attached)

This will remain in full force and effect until Secure Benefits has received written notification from me of its termination in such time and in such manner as to afford Secure Benefits a reasonable opportunity to act on it.

Signature _____ Date _____

Fax to: 1-712-336-0208

or

Email to: vrenae@sbsc.info

or

Mail to: Secure Benefits Systems, PO Box 469, Okoboji, IA 51355