



Employee Direct Deposit Authorization Agreement

Employee's Name: _____

Company Name: _____

Employee's Social Security number: _____

Daytime Phone: _____

If you would like to be reimbursed from your spending account by direct deposit instead of check, please complete and submit this form to the address below.

I hereby authorize Thomas H. Cooper & Company or its designee (collectively, "TCC") to deposit my reimbursement by initiating credit entries to the account at the financial institution detailed below. I further authorize the financial institution indicated below to accept these entries and to credit my account as indicated by TCC. In the event funds are deposited erroneously into my account, I authorize TCC to debit my account for the amount deposited in error, not to exceed the original deposit.

Type of spending account (check one or both):

☐ **Flexible Spending Account (FSA)** ☐ **Health Reimbursement Account (HRA)**

NOTE: If you have both an FSA and an HRA, you must be reimbursed into the same checking or savings account. You may not have reimbursement funds deposited into two different bank accounts.

Type of bank account to receive direct deposit:

☐ **Checking*** ☐ **Savings****

*** FOR CHECKING ACCOUNT: attach a voided check here**

OR

**** FOR SAVINGS ACCOUNT: attach a deposit slip, including routing number and account number**

Financial Institution: _____

This authorization will remain in effect until I provide written notice of its termination and allow reasonable time for my financial institution to act on the termination. Furthermore, I am required to provide updated deposit information should I make any changes to the above registered account, during which time I will receive reimbursement by check payment.

Employee's Signature _____ Date _____

Return this authorization to:

Mailing address: **HRA Claims Unit**
P.O. Box 22557
Charleston, SC 29413

Fax: **(803) 264-7801**

Phone: **Call the toll-free number located on your member ID card**