benefit strategies LLC

Direct Deposit Authorization Form

FAX: (603) 647-4668
Telephone: (603) 647-4666 or (888) 401-FLEX (3539)
Address: PO Box 1300, Manchester, NH 03105-1300
E-Mail: Info@benstrat.com

Employee Name:
(First, Last)

Last 4 digits of SSN: ☐☐☐☐

Primary Phone:

Employer:

Email:

E-mail is required to receive important account notifications.

REIMBURSEMENT POLICY:

PLEASE CONFIRM RECEIPT OF YOUR DIRECT DEPOSIT BEFORE WRITING CHECKS ON THESE FUNDS. BENEFIT STRATEGIES WILL NOT BE RESPONSIBLE FOR OVERDRAFT FEES ON YOUR ACCOUNT. If the direct deposit transaction fails, payment will be issued via check until the issue is resolved.

IT IS CRITICAL THAT THIS INFORMATION IS ACCURATE AND THAT CHECKING OR SAVINGS ACCOUNT IS INDICATED

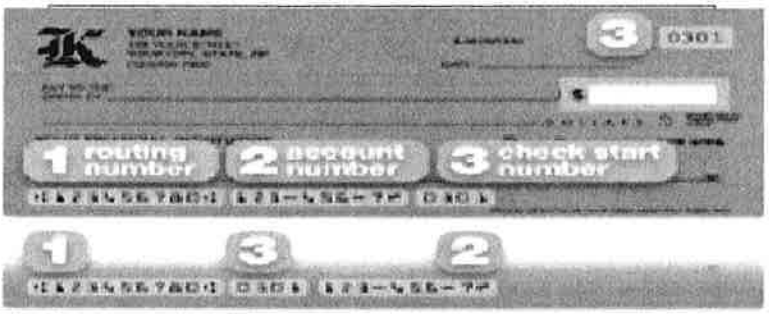
I hereby authorize Benefit Strategies, LLC to deposit funds directly to my (please check one):

☐ **Checking Account** ☐ **Savings Account**

☐☐☐☐☐☐☐☐☐ **AND** ☐

9 Digit Routing Number **Bank Account Number**

See sample check below to help locate your 9 digit routing number and your bank account number:



READ CAREFULLY: I authorize Benefit Strategies and the financial institution listed above to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account shown below. This authorization will remain in effect until one of the following occurs: Benefit Strategies receives written termination notification of direct deposit or the plan year ends.

EMPLOYEE'S SIGNATURE: (Required)		**DATE:**	