

RICH TOWNSHIP DIST #227



TOTAL BROKER BENEFITS

DIRECT DEPOSIT AUTHORIZATION FORM

Section 125—FLEXIBLE SPENDING ACCOUNT PLAN

YOUR INFORMATION

Employer Name: _____ Telephone No: _____

Social Security #: _____ E-Mail Address: _____

Employee Name: _____

Address: _____
(Street Name)

(City) (State) (Zip Code)

BANK INFORMATION

I REQUEST MY SECTION 125 REIMBURSEMENT DIRECT DEPOSIT TO BE PLACED IN THE FOLLOWING ACCOUNT:

Bank Name	Bank ABA Number	Account Number	Type of Account
			<input type="checkbox"/> Savings <input type="checkbox"/> Checking

**Please provide a voided check for the checking account listed above.
We will not process without a voided check.
(Do NOT use a deposit slip as the number could be invalid.)**

I authorize my Section 125 Health FSA and/or Dependent Care FSA reimbursements to be sent to the financial institution named above and to be deposited in the designated account above.

In the event funds are deposited erroneously into my account, I authorize my Section 125 administrator to debit my account not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution. I also understand that it is my responsibility to check my bank account for reimbursements and that Total Broker Benefits (TBB) shall not be liable for any bank overdraft charges due to my over drafting the account.

EMPLOYEE SIGNATURE: _____ DATE: _____

225 Smith Road, St. Charles, IL 60174