



P.O. Box 348
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Flexible Spending Account Direct Deposit Authorization Form

PARTICIPANT INFORMATION

Employer Name:	
Participant Full Name:	
(Exactly as it appears on the checking account.)	
Participant Social Security Number:	
Participant Phone Number:	

Participant Email Address (*Required*): _____

ACCOUNT INFORMATION

Bank Name:	
Account Number:	
Routing Number:	

AGREEMENT

I hereby authorize Benetech to deposit applicable Flexible Spending Account reimbursements into the bank account listed above. I understand that I may discontinue this payment service at any time by notifying Benetech in writing.

Participant Signature:		Date:	
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(Must be an authorized signer on the checking account.)

*Participant must include a voided or cancelled check with the account information above to complete this authorization.

Please submit the completed form and check to Benetech Inc., PO Box 348, Wynantskill NY 12198.