



Direct Deposit Authorization Form

Direct deposit of your FSA and/or HRA reimbursements is a convenient feature. By completing the authorization form below, you are directing your employer and financial institution to deposit your reimbursements to the checking or savings account you designate.

To sign up for direct deposit, simply complete the form as directed below and return it to NueSynergy, your FSA and/or HRA administrator. Be sure to:

- Fill out the form completely.
- Mark the appropriate box to indicate whether your reimbursement will be deposited to your checking or savings account.
- Attach a voided check to the form if you want reimbursements deposited in your checking account. Attach a voided deposit slip if you want reimbursements deposited to your savings account. *

New enrollment

Change of information

Banking Information: Checking (attach a voided check) Savings (attach a deposit slip)

*Direct deposit cannot be processed without a voided check/deposit slip.

Employer: _____

Employee/Participant Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____ Email: _____

Financial Institution/Depository: _____

Branch: _____

City: _____ State: _____

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

By completing and signing this Authorization Form, I, the PARTICIPANT, am directing my EMPLOYER/ADMINISTRATOR and FINANCIAL INSTITUTION/ DEPOSITORY to deposit my reimbursements to my designated checking or savings account. The FINANCIAL INSTITUTION/ DEPOSITORY indicated above is authorized to credit the same to such account. I also authorize my EMPLOYER/ADMINISTRATOR to draw drafts on my account or to initiate debit entries to my account, solely for the purposes of adjusting an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The FINANCIAL INSTITUTION/DEPOSITORY shall not be liable for honoring any draft, debit entry or withdrawal initiated by my EMPLOYER/ADMINISTRATOR.

Should my EMPLOYER/ADMINISTRATOR be unable to stop from posting an entry with respect to which I, the PARTICIPANT, have requested cancellation or amendment or should the EMPLOYER/ADMINISTRATOR be unable to withdraw the entry from the ACH Origination System, I, the PARTICIPANT, may initiate a reversal to correct the entry, as provided by the ACH Rules. Where I, the PARTICIPANT, initiate a reversal for an individual entry, I, the PARTICIPANT, must notify the EMPLOYER/ADMINISTRATOR of the entry no later than the settlement date of the reversing entry. Reversals do not guarantee that the funds will be returned and the EMPLOYER/ADMINISTRATOR shall not have liability if such reversal is not effected. I, the PARTICIPANT, shall reimburse my EMPLOYER/ADMINISTRATOR for any expense, losses, or damages the EMPLOYER/ADMINISTRATOR may incur in effecting or attempting to affect the reversal of an entry.

Signature: _____ Date: _____