



# Authorization Agreement For Automatic Deposits (ACH Credits)

# INTEGRATED BENEFITS ADMINISTRATION

I hereby authorize Integrated Benefits to initiate credit entries to my account as indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. I further authorize Integrated Benefits to reverse any credit entry that Integrated Benefits makes to my account to the extent that Integrated Benefits reasonably believes such entry was made in error.

Type of Account:  Checking Account     Savings Account

Depository Name

Branch

City  State  Zip Code

Bank Branch Telephone Number (including area code)  Routing/ABA No. (see sample check below to locate number)

Account Number (see sample check below to locate number)

This authority is to remain in full force and effect until Integrated Benefits has received written notification from me of its termination in such time and in such manner as to afford Integrated Benefits and DEPOSITORY a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored Flexible Benefits and/or Health Reimbursement plan.

Employer Name

Employee Last Name  Employee Social Security Number

Employee First Name  Date

Signature

Paul Maple Deborah Maple 1234 Windy Oaks Drive Anywhere, MD 20000	Date _____	778 15-00010000
PAY TO THE ORDER OF _____ \$ <input type="text"/>		
		DOLLARS
ANYTOWN BANK Anytown, MD 20000	For _____	
123456789	123456789	
<input type="text"/>	<input type="text"/>	
Routing Number	Account Number	

Tape a **voided check** here for checking accounts, or; tape a **savings deposit slip** here for savings accounts.

Date Processed

Processed By: \_\_\_\_\_  
 (Initials)