



AUTHORIZATION FOR AUTOMATIC REIMBURSEMENT DEPOSIT

Employee Name _____

Employee SSN _____

Employer _____

I hereby authorize The Benefit Group, Inc. to initiate credit entries to my ____ checking account or ____ savings account indicated below and the depository named below (DEPOSITORY) to credit the same to such account.

ACCOUNT NUMBER _____

DEPOSITORY _____
(Financial Institution)

Branch _____ **City** _____ **State** _____

This authority will remain in full force and effect until The Benefit Group, Inc. has received written notification from me of its termination in such time and in such manner as to afford The Benefit Group, Inc. a reasonable opportunity to act on it.

Signature

Date

****AN ACTUAL VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED****

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct ACH transit routing number from your financial institution.

BANK ACH TRANSIT ROUTING NUMBER
