

Authorization for Direct Deposit / Electronic Funds Transfer (EFT) for Medical Reimbursement, HRA & Dependent Day Care Accounts

Type of Request (check one):

- Add - Deposit My eligible reimbursements into my checking or savings account
- Change My Account Information (Financial institution and/or account number)
- Cancel My participation in the direct deposit program

Employer _____

Employee Name _____ SS # _____

Account Type Checking Savings

Attach Voided Check Below

Please tape your voided check here. Do not staple.
(deposit slips cannot be accepted)

EMPLOYEE AUTHORIZATION

I authorize Humphrey & Pace Benefit Planning, Inc. to initiate credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my checking or savings account. This authorization will remain in full force and effective until written notification has been received by Humphrey & Pace Benefit Planning, Inc. After such notification, I will allow reasonable time for Humphrey & Pace Benefit Planning, Inc. to adjust my records accordingly. I understand that Humphrey & Pace Benefit Planning, Inc. will not provide written statements advising me of deposits made and that my account information is available upon request. I have read and understand the information on the reverse side of this form.

Employee Signature _____ Date _____



**Authorization for Direct Deposit / Electronic Funds Transfer (EFT)
Instructions and Important Information**

- All fields on the front of this form must be completed.
- An incomplete or unsigned form will be sent back to the employee/participant.
- Deposit Slips cannot be accepted.
- Please mail or fax completed forms to:
Humphrey & Pace Benefit Planning, Inc.
700 East Main Street, Suite 107
Medford, OR 97504
Fax: (541) 779-5511
- Participants who wish to have their reimbursement checks deposited directly into their bank account must complete an Authorization for Direct Deposit / Electronic Funds Transfer (EFT) Form and mail or fax it to Humphrey & Pace Benefit Planning, Inc. with their voided check.
- Please allow up to 10 days for your EFT Request to be processed from the date that it is received by Humphrey & Pace Benefit Planning, Inc.
- Once you agree to the Direct Deposit/EFT program, all reimbursements will be in this format until we receive your written request to cancel the process.
- No written notice of Direct Deposit/EFT transactions will be sent.

