



FLEXIBLE BENEFITS PLAN DIRECT DEPOSIT AUTHORIZATION

Please check with your employer to verify the availability of direct deposit services.

Employer Name:

Name: Social Security No: --
First Middle Initial Last

Work Phone: () - Home Phone: () -

Please select one: Begin Direct Deposit Change Bank Information Cancel Direct Deposit

BANK INFORMATION

Account Number: Type (check one): Checking Savings

Bank Name:

Bank Phone: () - City: State:

Nine Digit Bank Routing Number (available through your bank):

Please attach
voided check
here

I ACKNOWLEDGE THE FOLLOWING:

1. My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
2. I permit Chard, Snyder & Associates, Inc. to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account.
3. Direct deposit of my flexible spending account reimbursements shall commence within 4 (four) weeks of receipt of this form.
4. My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit by my employer.

I hereby understand the information on this form and authorize Chard, Snyder & Associates, Inc. to complete my request as indicated:

Employee Signature:

Date: / /

Mail or Fax To:
Chard, Snyder & Associates, Inc.
3510 Irwin-Simpson Road
Mason, OH 45040
FAX: 1-513-459-9947
Phone: 1-800-982-7715