



# DIRECT DEPOSIT AUTHORIZATION FORM FSA/HRA/BUYDOWN PLANS

EMPLOYER			
Employee Last Name	First Name	Social Security Number (SSN)	
Mailing Address	City, State and Zip		Address Change <input type="checkbox"/>
Employee Email Address	Phone Number	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
Name of Financial Institution	Account #	Routing #	

Debit Card *(Note: Not all Employer Plans offer this option)*

YES      NO      Automatic      Not Offered under this Plan

*Optional - Additional Card \$3.00 fee per card will apply) - Please PRINT legibly (21 characters maximum including spaces):*

PLEASE NOTE: Verification of account information will be required upon receipt of this authorization. Please expect to receive a manual check reimbursement until this verification process is complete. Should any further information be required to complete the bank account verification, you will be contacted.

- Direct deposits will be initiated on the same day as a normal check reimbursement date. Deposits may take up to 48 hours to appear in the designated account.
- Returned items due to incorrect banking information will be assessed a \$15.00 fee.

**IMPORTANT: If your Direct Deposit information was provided when you enrolled this year, there is no need to complete this form.** However, if your Direct Deposit information has changed, or if you did not provide Direct Deposit information during enrollment previously, use this form to elect direct deposit for reimbursements.

I hereby authorize MBA Administrators and the financial institution above to electronically deposit funds into the specified bank account listed above. This includes my authorization to reverse any entries made in error. This authorization will remain in full force and effect until MBA Administrators has received written notification from me of its termination in such time and manner that MBA Administrators and the banking institution have reasonable time to act on it.

**PLANS AUTHORIZED:**     FSA     HRA     Buydown

Employee Signature	Date
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Please submit this form and voided check to:

**MBA Administrators**

Fax: (208) 887-1313

Email: [INFO@mba-admin.com](mailto:INFO@mba-admin.com)