Direct Deposit Authorization

Agreement Type	___ New Agreement ___Change Account *(please choose one)*
Employee Information	Employee Name _____ Employer _____ SSN/EEID _____ Home Address _____ Daytime Phone No. (_____)_____ Email address _____
Account Information	Reimbursement Plan Type: ___FSA ___Tuition ___Commuter ___Other_____ I authorize Crosby Benefit Systems to deposit my full reimbursement into my: ___**CHECKING** account or ___**SAVINGS** account *(please choose one)*
Please SIGN	**Employee Signature** _____ **Date** _____
Complete for Checking Account Only	**Please tape a voided check for checking account. (Do not staple.)** John Doe 1245 1000 Main St. Date:_____ Anytown, USA 11111 V - O - I - D Pay to the Order Of: _____ $_____ **PLEASE TAPE A VOIDED CHECK HERE** Memo_____ _____ | 123456789 | 00111 11111 | 1245
Complete for Savings Account	For Savings Account: Routing/Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ Savings Account Number: _____ *Or attach a bank letter with savings routing and account number*
Submission Information	**Fax completed forms to:** 617-928-0001 **Or mail to:** Direct Deposit Crosby Benefit Systems, Inc. 27 Christina St., Suite 200 Newton, MA 02461
For Admin Use Only	Set Up (name) _____ Date Set Up _____/_____/_____

CROSBY
Benefits People