

Direct Deposit Authorization / Electronic Communications Sign Up

Pre-Tax Benefits Save You Money; Now Go Green! and Help Save the Environment

1. Go Paperless!	Email Address _____ <input type="checkbox"/> Go Paperless! By checking this box, I (employee) authorize Crosby Benefit Systems, Inc. to sign me up to receive applicable communications via email.						
2. Employee Information (Required)	Employee Name _____ Last First MI Employer _____ Last Four of SSN or Employee ID ____ _ Please enter the last four digits of your SSN or Employee ID. Many employers use an ID other than SSN with Crosby Benefit Systems. If you are unsure which number to use, contact us or your HR/Benefits department. Home Address _____ Street City State Zip Home Phone (_____) _____ Work Phone (_____) _____ area code area code ext.						
3. Direct Deposit Agreement Type	<input type="checkbox"/> New Direct Deposit Agreement <input type="checkbox"/> Change Direct Deposit Account (<i>please choose one</i>)						
4. Account Information	Reimbursement Plan Type: <input type="checkbox"/> FSA <input type="checkbox"/> Tuition <input type="checkbox"/> Commuter <input type="checkbox"/> Other _____ I authorize Crosby Benefit Systems to deposit my full reimbursement into my: <input type="checkbox"/> CHECKING account or <input type="checkbox"/> SAVINGS account (<i>please choose one</i>)						
5. Complete for Checking Account <i>To find your routing and account numbers:</i>	For Checking Account: Routing/Transit Number: _____ Checking Account Number: _____ <table border="1" style="margin: 10px auto;"><tr><td style="text-align: center;"> •1234 56789 •</td><td style="text-align: center;">00111 11111 •</td><td style="text-align: center;">1245</td></tr><tr><td style="text-align: center;">9-digit Routing #</td><td style="text-align: center;">Account Number</td><td></td></tr></table>	•1234 56789 •	00111 11111 •	1245	9-digit Routing #	Account Number	
•1234 56789 •	00111 11111 •	1245					
9-digit Routing #	Account Number						
6. Complete for Savings Account	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ <i>Routing and account numbers for savings accounts can be found on the deposit slip.</i>						
7. Please SIGN	Employee Signature _____ Date _____ <i>Please note: A Signature is required for Direct Deposit setup</i>						
8. Submission Information	<table border="1"><tr><td>Email completed forms to: servicecenter@crosbybenefits.com</td><td>Fax completed forms to: 617-928-0001</td><td>Or mail completed forms to: Direct Deposit/Go Paperless! Crosby Benefit Systems, Inc. PO Box 223886 Dallas TX 75222-3886</td></tr></table>	Email completed forms to: servicecenter@crosbybenefits.com	Fax completed forms to: 617-928-0001	Or mail completed forms to: Direct Deposit/Go Paperless! Crosby Benefit Systems, Inc. PO Box 223886 Dallas TX 75222-3886			
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For Admin Use Only	Set Up (name) _____ Date Set Up ____/____/____						