

# Reimbursement Account Employee Direct Deposit Authorization Form

## Instructions for Completing This Form:

1. Fill in all fields below
2. Attach voided check (no deposit slips)
3. Sign and date form.
4. If the account is not in your name alone, the other account holder must also sign and date form.

Employer Name (please print) \_\_\_\_\_

Last Name (Please Print) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Check Action:  New  Change  Cancel Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Account Type:  Checking  Savings  
mm/dd/yy

Ownership of Account:  Self  Joint  Other \_\_\_\_\_

Name of Bank \_\_\_\_\_

Routing Transit Number

(All nine boxes must be filled)

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Account Number

(Include hyphens, but not spaces and special symbols)

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ATTACH A COPY OF VOIDED CHECK HERE

Do not attach deposit slips, as they do not supply the necessary information.

<b>Joan Doe</b> Anywhere, USA
PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS
YOUR TOWN BANK YOUR TOWN, AR 12345
FOR _____
<b>VOID</b>
⑆ 2 5 5 5 0 0 0 5 ⑆ ⑆ 2 3 4 5 5 6 7 8 9 0 2 2 ⑆

By signing this agreement, I authorize DataPath Administrative Services, Inc. to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy