

FOR FASTER PROCESSING, FAX or e-mail
this form to: 866-395-4543
or Mail Form and Receipts to:
Chappelle Benefits
P.O. Box 59548 Birmingham, AL 35259
(PLEASE KEEP YOUR ORIGINALS)



Email us at:
customerservice@chappellebenefits.com
or call us at 800-257-0986

Direct Deposit Form

If you choose to receive your direct deposit to your bank account, please complete this form and return it with your Enrollment form to the Payroll & Employee Benefits Office.

You must attach a copy of a voided check for a checking account deposit, or a deposit slip for a savings account deposit in the designated space below. If you choose a savings account deposit, please verify the bank's routing number – the number on your deposit slip may not be the correct number for direct deposit transactions.

Company Name:	Plan Year:
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Employee Information

Employee Name:	Social Security #:
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Account Information

Bank Name:	Type of Account (circle): CHECKING SAVINGS
Bank Routing Number: (see diagram below)	Bank Account Number: (see diagram below)

Authorization

I authorize the direct deposit of funds reimbursed from my Pre-tax Accounts into the bank account specified above. My administrator will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify my administrator, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that I have read, and understand, the information on this Authorization form.

Signature: _____ Date: _____

Attach a COPY of a Voided Check

Suzy Public 123 Main Street Bloomington, MN 55439	3448 17-1-945 Date _____
Pay to the Order of _____	_____ Dollars
For _____	_____ 3448
091000019	3564895891
Routing Number	Bank Account Number