



CUSTOM BENEFITS SOLUTIONS

# Direct Deposit Authorization for Reimbursement

Mail to: The Preferred Group, P.O. Box 15136, Albany, NY 12212-5136

For more information visit [www.ThePreferredGroup.com](http://www.ThePreferredGroup.com)

Use this form to initiate or cancel direct deposit, or to change bank accounts. The authorization agreement must be sent to The Preferred Group two to three weeks before the direct deposit/change is activated. All requests for Direct Deposit must be submitted on this form and include a voided check for the account. This direct deposit form will not be processed if a voided check is not attached. Deposit slips are not acceptable as appropriate routing numbers may not be available.

Reimbursement will only occur if you have submitted a claim to The Preferred Group with receipts for eligible expenses. The Preferred Group does not guarantee payments on any date. The Preferred Group is not responsible for bank charges of any type that you may incur for direct deposit transactions. Do NOT assume that a payment has been made to your account at any time. You are solely responsible for checking with your bank as to the deposit amount and date of direct deposits made to your account.

By signing this direct deposit form, you understand that a direct deposit for your reimbursement expenses will be credited to your bank account within 2 business/banking days of the processing of your claim. (miss-posted funds will be corrected upon discovery) You are also authorizing The Preferred Group to initiate credit entries to your checking account and to *notify you of your direct deposit by e-mail only*. You are certifying that the information that you are supplying below is both accurate and valid and you will notify The Preferred Group as any changes occur. If this is a joint account, or in someone else's name, that individual must also sign and therefore agree to the terms of this direct deposit form.

- For Direct Deposit you MUST:
- Have an open checking account
  - Have a valid e-mail address
  - Provide a copy of a cancelled check (attach to this authorization)

**Please check the appropriate box:**

- Initiate Direct Deposit    
 Change Account    
 Cancel Direct Deposit

|                            |                             |
|----------------------------|-----------------------------|
| Employer Group Name        | Participant ID Number (SSN) |
| Employee Name (First Name) | (Last Name)                 |
| Employee E-mail Address    |                             |
| Bank Name                  |                             |
| Bank Routing Number        | Bank Account Number         |
| Authorizing Signature(s)   |                             |

For assistance in finding routing numbers please see below. **Please attach your cancelled check over the sample image.**

