BENEFITHelp Solutions

Direct Deposit Authorization

www.benefithelpsolutions.com • PO Box 67230 • Portland, OR 97268
Ph: 503-219-3679 or 1-888-398-8057 • Fax: 1-888-249-5058

I want my reimbursement directly deposited into my banking account – a more efficient way of receiving my money!

PERSONAL INFORMATION

☐ **Initiate Direct Deposit** ☐ **Change Account** ☐ **Cancel Direct Deposit**

Employer Name:

Member ID: **Phone #:** ___ - ___ - ____

Name:

Last First M.I

Address:

Street Apt.

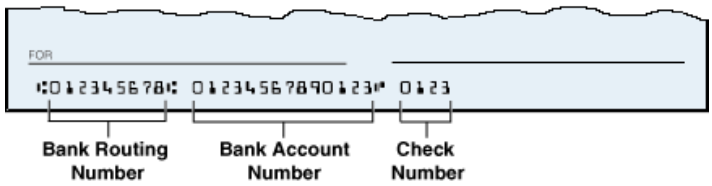
City State Zip

Email Address:

Financial Institution Information

☐ Checking ☐ Savings

Name of Bank:



Routing Number

(First 9 digits on the bottom of your check)

Account Number

If unsure, please provide a copy of a voided check.

By electing to have my reimbursements directly deposited into my bank account, I understand that:

- All direct deposits will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account.
- It is my responsibility to notify BenefitHelp Solutions immediately of any changes in my bank account, such as account closure or change in account number. If there is an interruption in the direct deposit service, I will receive checks for any reimbursement claims paid during that time.

I have read and understand the guidelines stated above. I hereby certify the information on this form is accurate. Further, I understand my completion and submission of this form authorizes BenefitHelp Solutions to issue payment directly to the specified account. I may cancel my participation in the direct deposit program at any time.

Employee Signature _____ **Date** _____

Please submit this authorization form to BenefitHelp Solutions.
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