

HRA/Flex Spending Account (FSA) Plan Direct Deposit Authorization Form



I hereby authorize Advanced Benefit Solutions, Inc., DBA 44 NORTH, hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account, in accordance with MCL 440.4601;(Article 4A, The Uniform Commercial Code as in effect in Michigan), and the Rules of the National Automated Clearing House Association (NACHA Rules). This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

A copy of ACH Rule, Subsection 2 is available upon request.

Check One:

I am not currently participating in the Direct Deposit Program

ADD – Deposit my claim payments to the account indicated*

I am currently participating in the Direct Deposit Program

CHANGE – Change financial institutions and/or account number*

CANCEL – Stop my participation in the program

Please Print:

Employee Name		Social Security Number	
		XXX-XX-	
Company Name		Email Address**	
Routing/Transit#	Financial Institution Name	Account #	Type of Account
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings



Signature

Date

*Due to the time required for Company and Bank processing, please allow one or two weeks for processing. Claim payments will be processed as normal until the change can be completed

**email address is required to receive reimbursements by direct deposit

Please email completed form to enrollment@44n.com or mail to 1406 N. Mitchell Street, Cadillac, MI 49601