

## Employee Direct Deposit Reimbursement Authorization Form

Employee Information		
Employer:		
Name (First, Middle, Last):		Employee ID or last 4 digits of SSN:
Daytime Phone Number:		
Employee Bank Information		
☐ Initiate Direct Deposit	Change Account Information	☐ Cancel Direct Deposit
Bank Name:		
Account Type: Checking Account (a voided check is required)		
Savings Account ( a savings account deposit slip is required)		
Account Number:		
Bank ACH Transit Routing Number:		
Please Attached a voided check or Savings account deposit slip  This Form will NOT be processed without this documentation		
** Please note that before this ACH option can take effect a pre-notification transaction will need to be sent to your financial institution for approval. Therefore, the next distribution after this authorization form is received will still be in the form of a check. After that, the remaining reimbursement requests will be made via ACH. Any ACH transactions stopped by the financial institution will automatically cancel your ACH reimbursement option in our system until corrections are made and returned to Streamline HR**		
Employee Authorization		
I hereby authorize Streamline HR to initiate credit entries for depositing my Flexible Spending Account reimbursements directly into the account provided above. I also authorize corrections for any entries made into my account in error. This authority will remain in full force and effect until Streamline HR has received written notification from me of its termination in such time and manner to afford Streamline HR a reasonable opportunity to act on it.		
Employee's Signature	Date	

Please return completed form with banking documentation by emailing, faxing or mailing to:

Streamline HR - Attn: Spending Accounts - 5920 Hamilton Boulevard, Suite 201 - Allentown, PA 18106 
Phone: (877) 262-7291 - Fax: (877) 385-7926 - spendingaccounts@mystreamlinehr.com