

Creative Benefits, Inc.

Direct Deposit Authorization



Participant Information (Required information)

Name _____
(Print or type: Last, First, Middle Initial)

Social Security # _____
or your Participant ID # _____

Mailing Address _____

Daytime Phone # () _____

City, State, Zip _____

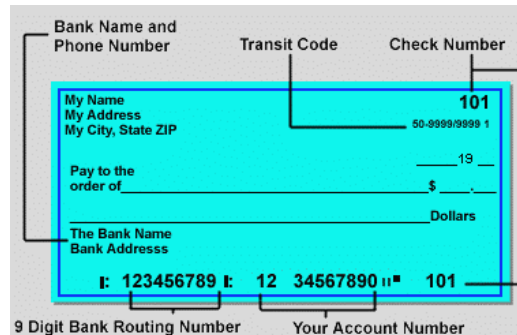
Name of Employer _____

Email Address: _____

Please enter your bank routing and account numbers in the boxes provided as well as attach a voided check. See example of numbers on the lower portion of the check sample.

9-Digit Bank Routing Number:

Account Number:



Authorization to START Direct Deposit

I authorize Creative Benefits, Inc. to deposit spending account expense reimbursements directly to my bank account at the bank and account indicated on the attached voided check. Authorizations received without a voided check will not be processed.

Signature: _____

Date: _____

Please sign and return this form with voided check to:

Creative Benefits, Inc.
P.O. Box 1928
Vista, CA 92085-1928
Fax: 877.411.4449

Authorization to STOP Direct Deposit

If you currently have the direct deposit option and would like to discontinue receiving your spending account reimbursements via direct deposit, enter the effective date, sign and return the form to the above address.

Effective _____, I authorize Creative Benefits to **STOP** my direct deposit of all spending account reimbursements to Account Number _____.

Important: If you wish to restart the direct deposit option into a new bank account at your existing bank or a new bank account at a new bank, please complete the top portion and submit with the new information.

Signature: _____

Date: _____