BENEFIT EXTRAS, INC.

REIMBURSEMENT DIRECT DEPOSIT AUTHORIZATION FORM

☐New Direct Deposit Enrollment ☐Update Existing Account ☐Cancel Existing Direct Deposit

Employer Name: _____

Employee Name: _____ (Please Print)

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Routing Number: _____ **Account Number:** _____

Account Type: ☐Checking Account ☐Savings Account

I authorize Benefit Extras, Inc. ("Company") to initiate ACH credit entries to the financial institution and account listed below. I acknowledge that ACH transactions to my account must comply with applicable U.S. law and NACHA Operating Rules. This authorization remains in effect until the Company receives written notice of revocation and has a reasonable opportunity to act on such notice.

EMPLOYEE CERTIFICATION

I certify that the information provided above is accurate and complete.

Employee Signature: _____ **Date:** _____

IMPORTANT – ACCOUNT ACTIVATION REQUIRED

- A micro-deposit will be sent within 3 business days
- Login to your Consumer Portal and select "One or more bank accounts require activation"
- Confirm the deposit amount to activate your account

Submit this form with a voided check or savings deposit documentation to Benefit Extras, PO Box 1815, Burnsville, MN 55337, email: flex@benefitextras.com, or fax: (952) 435-8435.

Compliance Notice: The receiver may revoke this authorization by notifying the originator in the manner specified above.