

Section 125 Employee Direct Deposit Authorization Form

Employer Name: _____

Employee Name: _____ Last 4 SSN: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Banking Information

Account Number: _____ Account Type: Checking Savings

Routing Number: _____ Bank Name: _____

I hereby acknowledge the following:

- I must include a copy of a voided check for direct deposit to be established. Deposit slips are not accepted.
- My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose. I authorize Tax Deferred Solutions to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and/or debit the same to such account.
- Direct deposit of my reimbursable benefit accounts shall commence within two (2) weeks of receipt of this form. This direct deposit will be for all reimbursable benefit accounts that I have established with Tax Deferred Solutions. My direct deposit may be cancelled by an online or written cancellation request submitted by me, a failed bank transmittal due to incorrect banking information, or cancellation of direct deposit by my employer. I understand that I must notify Tax Deferred Solutions immediately if I make any changes to my banking information. Not doing so may delay my reimbursements.
- I will not assume payment has been made to my bank account at any time. I am solely responsible for checking with my bank as to the deposit amount and date. I am also responsible for any fees my bank may charge for direct deposit.

Please Attach Voided Check Here

I hereby acknowledge that I understand the information on this form and authorize Tax Deferred Solutions to complete my request as indicated.

Employee Signature: _____ Date: _____

Mail: 6939 Sunrise Blvd., Ste. 250, Citrus Heights, CA 95610

Phone: (866) 446-1072

Fax: (916) 221-5040

E-Mail: transactions@tdsplans.org