



SABC FLEXIBLE SPENDING CAFETERIA PLAN, DIRECT DEPOSIT AUTHORIZATION

Check the Appropriate Box

New Setup

Change Information

Cancel Direct Deposit

I _____ an Employee of _____, authorize SABC to:
(Insert Employee Name) *(Insert Name of Employer)*

Initiate electronic credit entries from my Flexible Spending Cafeteria Plan account, based on each claim for reimbursement I submit to SABC, and if necessary, any debit entries and adjustments for any credit entries in error. I acknowledge and understand that ***it is my responsibility*** to check the account on the next business day, after receiving email notification of payment, to ensure that the account was properly credited. I understand that I am required to have an email account in order to be notified a payment was issued. I understand SABC will not be liable for any bank charges resulting from problems associated with payment by direct deposit such as: my error in providing the correct bank information, or my failure to notify SABC when a bank account is closed. If SABC is charged a fee, by any financial institution in regard to incorrect or closed account information due to failure on my part, SABC reserves the right to transfer those fees to me.

I acknowledge that the origination of an Automated Clearing House (ACH) transaction to my Checking Account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it by filing a new form with SABC.

(Please Complete All Fields)

Employee Name ***(Please Print)***

Employee Signature

Employee Social Security Number

Signature of an Authorized Signor on the Bank Account

Employee Email Address for Notification **(Required)**

Print Name of Above Signatory

Date

If Signor of Account is other than Employee, indicate relationship to Employee.

REQUIRED

TAPE VOIDED CHECK HERE. DO NOT STAPLE.

PLEASE CLEARLY PRINT ALL BANK INFORMATION

Financial Institution Name ***(Please Print)***

Financial Institution City and State

Financial Institution Routing/Transit (ABA) Number (9 digits)

Your Account Number

Please double check the FDIC Bank Routing/Transit and your bank account number for accurate entry, then attach a Voided Check and forward this original document to your Human Resource Department.

Provided by:

(SABC) P.O. Box 2449 * Madison, MS 39130-2449 * (601) 856-9933 * www.sabcflex.com