

# DIRECT DEPOSIT AUTHORIZATION FORM

Get your claim reimbursements deposited directly into your designated bank account. Complete the following information below to setup direct deposit. Fax or mail this completed form to P&A. You can also complete this form electronically by logging into your P&A Account and navigating to Forms→ Direct Deposit.

Fax: (877) 855-7105 Mail: Attn. Flex Department 17 Court Street Suite 500 Buffalo, NY 14202

Employer Name *(please print)*: \_\_\_\_\_

Employee Name \_\_\_\_\_ SSN#: \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Please indicate type of account *(circle one)*:                      CHECKING                      SAVINGS

If this is a new account, it must be established and active at your bank before you request direct deposit.

**Please attach a voided check for checking account or a deposit slip for savings account**



**ROUTING NUMBER      ACCOUNT NUMBER**

I authorize P&A Administrative Services, Inc. and the bank listed above to deposit my claim reimbursements directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize P&A Administrative Services, Inc. to direct the bank to return said funds to P&A Administrative Services, Inc.

I understand that my deposit may not be credited to my account for up to 2 business days after the transaction has been sent to the bank for processing.

I understand that this authorization will remain in effect unless I advise P&A that I have revoked it. Furthermore, I understand that it is my responsibility to notify P&A of all future changes to my bank account number and routing number. If I fail to notify P&A of changes of this nature, I will be responsible for reimbursing P&A for all applicable bank charges.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_