



Direct Deposit Authorization Form

Please complete this form to have your FSA reimbursement deposited directly into your bank account rather than receiving a check. If you are already signed up for direct deposit, you do not need to complete this form again unless your bank account information has changed.

**PLEASE ATTACH A VOIDED CHECK.
DEPOSIT SLIPS NOT ACCEPTED.**

• INSTRUCTIONS

- PLEASE PRINT ALL INFORMATION CLEARLY.
- Attach a voided check if you designate a checking account. **DO NOT SUBMIT A DEPOSIT SLIP.** If you designate a savings account, attach a completed Savings Account Direct Deposit Form from your financial institution.
- Please sign and date the form. Omission of signature will delay processing.
- Mail completed form to the address indicated at the bottom of the page.
- Notify LD&B Benefits Administrators of any account changes or account closings.

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account on the scheduled reimbursement date. You will receive an Explanation of Benefits and a new Claim Form through the mail.

• PARTICIPANT INFORMATION

First Name _____ Last Name _____ Social Security Number _____ - _____ - _____

Daytime Telephone (_____) _____ - _____ Employer Name _____

• BANK INFORMATION

Check only one:

- | | |
|---|--|
| <input type="checkbox"/> Set-up Direct Deposit for: | <input type="checkbox"/> Change Account Information |
| <input type="checkbox"/> Checking (attach a voided check above) | |
| <input type="checkbox"/> Savings (attach a Savings Account Direct Deposit Form from your financial institution) | <input type="checkbox"/> Cancel Direct Deposit |

Full Bank Name _____ Telephone _____

Bank Routing Number (9-digit number on lower left of check) _____

Bank Account Number (to 17 digits) _____

IMPORTANT

- The designated account must be in your name.
- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number **AND** the bank routing number. Call your bank if you are unsure of your bank account information.

• AUTHORIZATION

I hereby authorize LD&B Benefits Administrators to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until LD&B Benefits Administrators has received written notification from me of its termination in such time and in such manner as to afford LD&B Benefits Administrators a reasonable opportunity to act upon it.

Employee Signature _____ Date _____

Attach voided check and return to:

Mail to: **LD&B Benefits Administrators**
205-C South Liberty Street
Harrisonburg, VA 22801

Fax to: **(866) 292-8331**
Phone support: **(540) 437-1425, (877) 532-5478** M – F 8:00 – 5:00 EST
Secure upload at: **www.LDBbenefitsadmin.com**