

Direct Deposit Authorization of Reimbursement Claims****

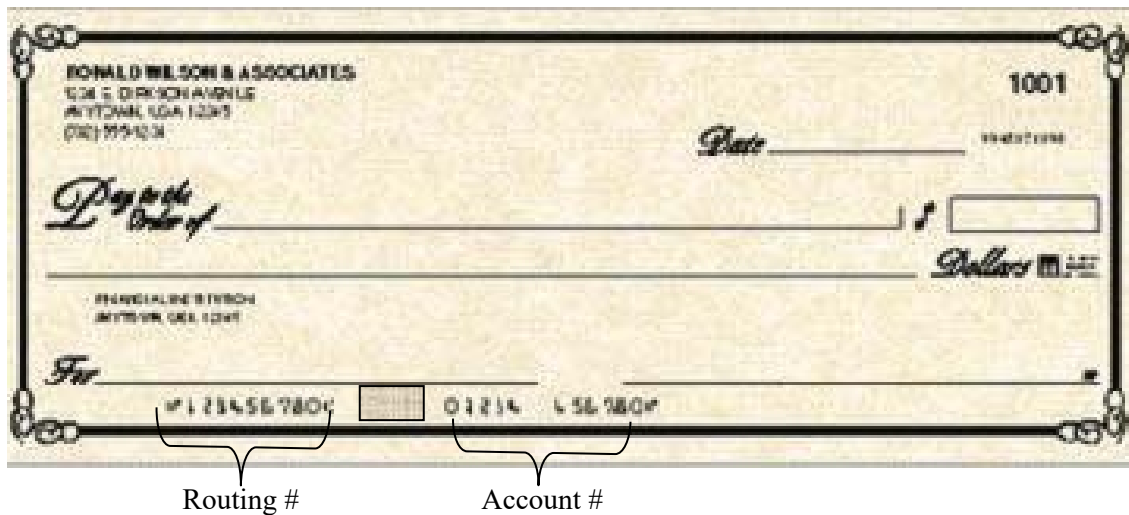
Employee Name	
Employee E-mail*	
Company Name	
Bank Name	
Bank Phone Number	
City, State, Zip	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings **** Reimbursements <i>cannot</i> be made to a Health Savings Account
Bank Routing Number**	
Bank Account Number***	

* Employee will receive notification of micro-deposit that must be authenticated before Direct Deposit will be activated.

** Bank Routing Number is the first 9 digits found on the bottom of the check.

*** Bank Account Number is the next grouping of numbers after the routing number on the bottom of the check.

Attach a voided check or bank letter showing deposit information



I hereby authorize Northeast Benefits Management to pay all claims by depositing the amount directly into the account named above.

Employee Signature: _____ Date: _____

**Scan and e-mail form to info@nbmus.com or
eFax completed form to: 802-304-1009**