

You can have claim reimbursement funds from your Flexible Spending Account and/or Health Reimbursement Arrangement deposited directly to your personal bank account! Just complete this form, return it to Swerdlin & Company and we will get you started with direct deposit. You can also use this form if your banking information has changed or if you would like to cancel your direct deposit.

**Reason for submission:**

- New direct deposit authorization
- Revision to current authorization (account or bank changes)
- Direct deposit termination request

Name: \_\_\_\_\_ Last four digits of Social: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

## Financial Information

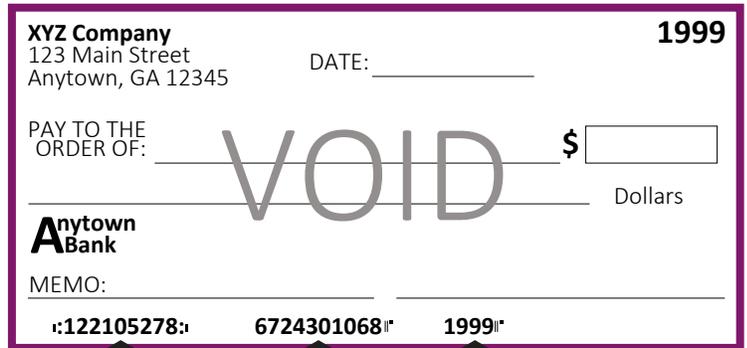
9 Digit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

**Please include a voided check with this authorization form for verification of your account number.**

Refer to the diagram below for the Routing and Account number.



 **Routing Number**  
 9-Digits
  **Check Account**  
**Number**
 **Check Number**

## Authorization

I hereby authorize Swerdlin & Company to initiate variable credit entries to the account indicated above. I hereby authorize the financial institution named above to credit the same to such account.

This authorization is effective as of the signature date below and is to remain in full force and effect until Swerdlin & Company has received written notification from me of its termination in such time and such manner as to afford Swerdlin & Company and the financial institution indicated above a reasonable opportunity to act on it. Swerdlin & Company will continue to credit the financial institution until notified by me that I wish to change the financial institution above. If my financial institution information changes, I agree to submit to Swerdlin & Company an updated Authorization for Direct Deposit of Claims. In the event that Swerdlin & Company deposits funds erroneously into my account, I authorize Swerdlin & Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_