



RIGHT PLANS
RIGHT NOW

Direct Deposit Authorization

Please complete this form and return by: Fax: 866-234-3539 Email: benefits@workablesolutions.com
or mail: Workable Solutions, 7120 Lake Ellenor Drive, Orlando, FL 32809

New Change Account Information Cancel Authorization

Name _____ Soc.Sec.# _____

I hereby authorize Workable Solutions, Inc. to make deposits to the checking or savings account indicated below for purposes of Reimbursing Pre-Tax qualified expenses paid out-of-pocket and authorize the bank named below to credit the same to my account. I also authorize Workable Solutions, Inc. to make withdrawals to adjust an incorrect deposit or credit entry that may be made under this Authorization as well as take repayments for disallowed claims requiring repayment. Repayments will not be taken without first notifying participant and providing opportunity to repay by check. .

Bank/Institution Name _____ Acct. Type: Checking Savings

Bank Routing Number

--	--	--	--	--	--	--	--	--

(Must be 9-digits)

For checking accounts, attach a voided check. (See below.)

Your Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Signature _____ Date _____

Sample Check

Pre-Tax Accounts Customer	230
123 Main Street	Date _____
Hometown, USA	_____
Pay to the Order of _____	VOID

987654321 : 123456789876 230	

Routing (9-numbers)

Account Number

Check Number

If you are using a checking account, please attach a blank check and write the word "VOID" across the front. We will use this to verify your banking information. If you are using a savings account, please verify the account number as it appears on your statement. Some banks use a separate routing number for electronic transactions. Please verify the correct routing number with your bank to avoid delays in receiving your reimbursements.

Attach blank check here.