

FOR FASTER PROCESSING, FAX or e-mail  
this form to: 866-395-4543  
or Mail Form and Receipts to:  
Chappelle Benefits  
2740 Ski Lane, Madison, WI 53713  
(PLEASE KEEP YOUR ORIGINALS)



Email us at:  
customerservice@chappellebenefits.com  
or call us at 800-257-0986

## Direct Deposit Form

If you choose to receive your direct deposit to your bank account, please complete this form and return it with your Enrollment form to your company's benefits administrator.

You must attach a copy of a voided check for a checking account deposit, or a deposit slip for a savings account deposit in the designated space below. If you choose a savings account deposit, please verify the bank's routing number – the number on your deposit slip may not be the correct number for direct deposit transactions.

Company Name:	Plan Year:
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### Employee Information

Employee Name:	Social Security #:
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### Account Information

Bank Name:	Type of Account (circle):    CHECKING    SAVINGS
Bank Routing Number: (see diagram below)	Bank Account Number: (see diagram below)

### Authorization

I authorize the direct deposit of funds reimbursed from my Pre-tax Accounts into the bank account specified above. My administrator will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify my administrator, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that I have read, and understand, the information on this Authorization form.

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

## Attach a COPY of a Voided Check or Savings Deposit Slip Below

Suzy Public 123 Main Street Bloomington, MN 55439	3448 17-1-945 Date _____
Pay to the Order of _____	_____ Dollars
For _____	_____ 3448
Routing Number → <b>091000019</b>	Bank Account Number ← <b>3564895891</b>