

Direct Deposit Authorization

Agreement Type	<input type="checkbox"/> New Agreement <input type="checkbox"/> Change Account		
Employee Information	Employee Name _____ Employer _____ SSN/EEID _____ Home Address _____ Daytime Phone No. (____) _____ Email Address _____		
Expenses	Reimbursement Plan Type: <input type="checkbox"/> FSA <input type="checkbox"/> Tuition <input type="checkbox"/> Commuter <input type="checkbox"/> Other _____ I authorize Crosby Benefit Systems to deposit my full reimbursement into my: <input type="checkbox"/> CHECKING Account or <input type="checkbox"/> SAVINGS Account		
Please SIGN	Employee Signature _____ Date _____		
Complete for Checking Account Only	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>John Doe 1000 Main St. Anytown, USA 11111</p> <p>Pay to the order of: _____ \$ _____</p> <p>Memo _____</p> <p> 123456789 00111 11111 1245</p> </div> <div style="width: 35%; text-align: right;"> <p>1245</p> <p>Date: _____</p> </div> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">PLEASE TAPE A VOIDED CHECK HERE</p>		
Complete for Savings Account Only	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____ <i>Or attach a bank letter with savings routing and account number</i>		
Submission Information	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Fax completed forms to: 617-928-0001 </td> <td style="width: 50%; vertical-align: top;"> Or mail to: Direct Deposit Crosby Benefit Systems, Inc PO Box 929125 Needham, MA 02492 </td> </tr> </table>	Fax completed forms to: 617-928-0001	Or mail to: Direct Deposit Crosby Benefit Systems, Inc PO Box 929125 Needham, MA 02492
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For Admin Use Only	Set Up (name) _____ Date Set Up ____/____/____		



Crosby Benefit Systems, Inc. - 800-462-2235 - Fax 617-928-0001 - servicecenter@crosbybenefits.com
PO Box 929125, Needham, MA 02492-9125 - www.crosbybenefits.com - version 0108