



Direct Deposit Sign-Up Form

Professional Benefit Administrators, Inc. offers a Direct Deposit Program. This program will allow you to have your Medical and Dependent Care reimbursements electronically deposited into your bank account and provides you with the reliability and safety advantages of knowing your funds are deposited, even if you are out of town and eliminates the hassle of mail delays or late deposits.

Direct Deposit offers you:

- Assurance of timely payments
- Convenient payment method

Instructions:

Complete and sign the below form and return to PBA via fax at (630) 286-4601.

I (we) authorize Professional Benefit Administrators, Inc. hereafter called "Company", to initiate credit entries to my (our) checking account indicated below and the institution named below, herein after called "Institution", to deposit to the same such account. This authority is to remain in full force and effect until "Company" and "Institution" have received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Company" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Employee ID #: _____ **Employer Name:** _____

Employee Name: _____ **Institution Routing Number:** _____

Address: _____ **Institution Account Number:** _____

City, State, Zip: _____ **Institution Name:** _____

Phone: _____ **Institution Address:** _____

E-mail Address: _____ **Institution Phone Number:** _____

Checking or Savings: _____

Employee Signature: _____ **Date:** _____

NOTE: If there is a change to your account, please notify us as soon as possible to ensure there are no delays in reimbursement.