

# Direct Deposit Authorization Agreement

Company Name:

Print Participant Name:

Print SS#:

Effective Date:

Checking (Attach Voided Check)

Savings (Please Attach a Deposit Slip)

New

Change

Cancel

Transit ABA Routing: \_\_\_\_\_

Bank Address: \_\_\_\_\_

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

\_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

I hereby authorize Paragon Benefits, Inc. to initiate deposits to the bank indicated above for my Flexible Spending Account and/or Health Reimbursement Arrangement reimbursements. I authorize entries such as credits, debits and adjustments made in error to my account. I understand I can only have the direct deposit to only one bank account.

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

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

## Attach Check Here

\*\*\*\*PLEASE NOTE: Direct Deposit is not available in all groups. Please check with your Employee Benefits Department to determine if Direct Deposit is available for your group.\*\*\*\*



[www.paragonbenefits.com](http://www.paragonbenefits.com)

