

**Instructions:**

1. If you chose to receive your reimbursements by direct deposit to your bank account, please complete this form and return below:
2. You must attach a copy of a voided check for a checking account deposit in the designated space below.
3. Fax completed form and required information to 316-462-3394 or forward to:  
The Taben Group  
C/O Surency Life & Health  
PO Box 789773  
Wichita, KS 67278-9773
4. If you have any questions regarding this form, please call 855.826.8692.

\_\_\_\_\_  
Employer \_\_\_\_\_ Plan Year

**Employee Information**

\_\_\_\_\_  
Employee Name \_\_\_\_\_ Social Security Number (please do not email your SSN)

**Account Information**

\_\_\_\_\_  
Bank Name Checking Savings Adding Direct Deposit  
Changing the Account




\_\_\_\_\_  
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  
Voided Check**

JON SMITH 1234 8th ST. S FARGO, ND 58102	DATE _____	1200
PAY TO THE ORDER OF		\$ <input style="width: 50px;" type="text"/>
MEMO		
		
 Routing Number	 Account Number	1200

