

Electronic Direct Deposit Authorization

Professional Benefit Services, Inc.

1193 Royvonne Avenue Suite 22
Salem, OR 97302
1-800-982-2012 fax 503-364-6901
e-mail: cafeteria@profben.com

Name (please print): _____
Last First MI

Employer Name: _____

I hereby authorize Professional Benefit Services, Inc. to make deposits of my cafeteria Section 125 plan reimbursements to my account as indicated below.

New _____ Type of Account: _____ Checking
Change _____ Savings

Name of Financial Institution: _____

Transit Routing Number &
Account Number:

(from lower left hand corner of check) Example: 123456789 1234567890

Please attach a **voided check** to verify routing

I also authorize Professional Benefit Services, Inc., if necessary, to make adjustments to the above account to correct any credit entries made in error. This authority remains in effect until PBS receives written notice from me or I am no longer a cafeteria plan participant. I understand that the first direct deposit may be delayed up to a month following receipt of this authorization.

Request notification of EFT Deposits: ☐ Yes ☐ No

My e-mail address: _____

Mailing Address: _____

Signature _____ Date _____

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