

Employer Name: \_\_\_\_\_

**STEPS FOR COMPLETING THIS FORM**

- |  |   |
|--|---|
| 1. Fill in all sections below.             | 4. If this is a joint account, have the other account holder also sign and date the form. |
| 2. Attach voided check (not deposit slip). | 5. Submit completed form to myCafeteriaPlan.  |
| 3. Sign and date form                      |   |

**You may also log into your myCafeteriaPlan.com account and sign up for direct deposit on the website. Click on the Profile Tab and select bank accounts.**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security Number (Last 4 digits): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ACCOUNT INFORMATION**

Circle One: Account Type Account Ownership

New Change Cancel Checking Savings Self Joint Other

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

**ATTACH VOIDED CHECK BELOW (DO NOT attach a Deposit Slip - they do not include the necessary information)**

<p>John Doe Anywhere, USA</p> <p>PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS</p> <p>Your Town Bank Anywhere, USA For _____</p>	<p><b>VOID</b></p> <p>Signature _____</p>
---	---

**AUTHORIZATION**

By signing this agreement, I authorize myCafeteriaPlan to initiate credit entries to the account indicated above for the purpose of reimbursement from my Cafeteria Plan account and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to myCafeteriaPlan, 432 East Pearl Street, Miamisburg OH 45342  
Fax: (937) 865-6502

**TERMS AND CONDITIONS FOR PARTICIPATING IN THE  
DIRECT DEPOSIT PROGRAM FOR REIMBURSEMENT ACCOUNTS**

**You have the option** of (1) having your authorized reimbursements for your Reimbursement Account deposited directly into your account at your financial institution or (2) receiving a check for any authorized reimbursements. If you choose to participate in this Direct Deposit Program, you will need to complete the Authorization Form and return it to myCafeteriaPlan. Please read the following terms and conditions for participation carefully before making your decision.

1. Your financial institution must be a member of an Automated Clearing House before you can participate in any direct deposit program. Call your bank to make sure they will accept direct deposits.
2. This form must be signed and dated and returned to myCafeteriaPlan before you can participate in this program. **If you have a joint account, the form must be signed by both parties.**
3. Once the form is received by myCafeteriaPlan, **there may be a delay of up to four weeks before the reimbursements begin being deposited** directly into your account, You will receive checks for any reimbursements before that time.
4. You will be notified when an electronic transfer is made to your account in a manner set by your employer. The standard turnaround time from the time the funds are transferred and when they are deposited into your account is two banking days. **Be sure the deposit has been made before you withdraw the funds.**
5. **If an electronic transfer is returned** to myCafeteriaPlan or cannot be made to your account, myCafeteriaPlan will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check will be mailed to you. You will continue to receive your reimbursements by check until the situation is resolved. You will be notified of any action taken.
6. **It is your responsibility to notify myCafeteriaPlan of any changes to your account immediately.** Complete this form, indicating that the action is a CHANGE, and return it to myCafeteriaPlan. Once received, there may be a delay of up to four weeks before the new information will be processed. You will receive checks for any reimbursements during this time.
7. **You may cancel your participation in the Direct Deposit Program at any time.** To cancel participation, complete this form, indicating the action is a CANCEL, and return it to myCafeteriaPlan. Your participation will be canceled as of the effective date on the form or as soon as the form is received and processed, whichever one is later.
8. This agreement may be canceled by your financial institution or myCafeteriaPlan. **Your participation will be canceled automatically if your employment is terminated or if you terminate participation in the myCafeteriaPlan account.**
9. **You do not have to submit a new form for a new plan year if you re-enroll in the myCafeteriaPlan account.** Your participation will continue from plan year to plan year until you terminate your participation or do not re-enroll in the myCafeteriaPlan account.

**Please return completed form to myCafeteriaPlan.**