



**Benefit Coordinators Corporation**  
**ELECTRONIC FUNDS TRANSFER (EFT)**

**AUTHORIZATION FORM**  
**DIRECT DEPOSIT**

FSA     HRA     MRA     Vision

Group Number: \_\_\_\_\_ Group Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant SS#: \_\_\_\_\_

Participant Daytime Phone #: \_\_\_\_\_ Name of Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Type of Account (Please check one)     Checking     Savings

Please check one     Change existing direct deposit     Add direct deposit

*For checking, please attach a voided check. For savings, please contact your bank for the bank routing number. Please return this authorization form to **Benefit Coordinators Corporation**, 100 Ryan Court, Suite 200, Pittsburgh, PA 15205, Attn: Accounting/CK.*

I authorize **Benefit Coordinators Corporation** to initiate credit entries (deposits to) and adjustments for any credit entries in error to my account indicated above and the depository named above to debit and/or credit the same to such account. This authorization is to remain in full force and effect until cancelled in writing by me, Benefit Coordinators Corporation or the financial institution designated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

--- Attach Check Here ---