

# Direct Deposit Authorization

Agreement Type	<input type="checkbox"/> New Agreement <input type="checkbox"/> Change Account <i>(please choose one)</i>	
Employee Information	Employee Name _____ Employer _____ SSN/EEID _____ Home Address _____ Daytime Phone No. (____) _____ Email address _____	
Account Information	Reimbursement Plan Type: <input type="checkbox"/> FSA <input type="checkbox"/> Tuition <input type="checkbox"/> Commuter <input type="checkbox"/> Other _____  I authorize Crosby Benefit Systems to deposit my full reimbursement into my:  <input type="checkbox"/> CHECKING account or <input type="checkbox"/> SAVINGS account <i>(please choose one)</i>	
Please SIGN	Employee Signature _____ Date _____	
Complete for Checking Account Only	<div><div>Please tape a voided check for checking account. (Do not staple.)</div><div><div>John Doe 1000 Main St. Anytown, USA 11111</div><div>V - O - I - D</div><div>Date: _____ 1245</div><div>Pay to the Order Of: _____ \$ _____</div><div><b>PLEASE TAPE A VOIDED CHECK HERE</b></div><div>Memo _____</div><div>  123456789   00111 11111   1245</div></div></div>	
Complete for Savings Account	For Savings Account: Routing/Transit Number: _____ Savings Account Number: _____  <i>Or attach a bank letter with savings routing and account number</i>	
Submission Information	Fax completed forms to: 617-928-0001	Or mail to: Direct Deposit Crosby Benefit Systems, Inc. PO Box 929125 Needham, MA 02492
For Admin Use Only	Set Up (name) _____ Date Set Up ____/____/____	

**CROSBY**  
*Benefits People*