

**Employee/Participant
Flexible Benefits Plan
Authorization for Direct Deposit of Reimbursement Claims**

Company Name: _____

Employee/Participants Name: _____

Employee/Participants Social Security Number: _____

I hereby authorize Pinnacle Pension Services, Inc. to initiate credit entries to my:

“ Checking account

“ Saving Account

indicated below and the depository named below to credit the same to such account.

** An Actual *voided check must* be attached**

Staple Voided Check Here

The form cannot be processed without a voided check

Bank account number : _____

Name of Financial Institution: _____

Branch location: _____

City: _____ State: _____

Bank ACH Transit Routing Number: _____

This authorization will remain in full force and effect until Pinnacle Pension Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Pinnacle Pension Services, Inc. a reasonable opportunity to act upon it.

Signature

Date