

# Creative Benefits, Inc.

## Direct Deposit Authorization

(Checking Account Only)



### Participant Information (Required information)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Print or type: Last, First, Middle Initial) or your Participant ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_

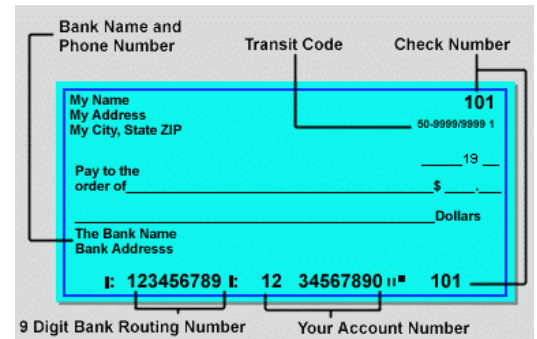
City, State, Zip \_\_\_\_\_ Name of Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Please enter your bank routing and account numbers of your checking account in the boxes provided as well as attach a voided check. See example of numbers on the lower portion of the check sample. CB does not directly deposit into Savings Accounts.

**9-Digit Bank Routing Number:**

**Account Number:**



### Authorization to START Direct Deposit

I authorize Creative Benefits, Inc. to deposit spending account expense reimbursements directly to my bank account at the bank and account indicated on the attached voided check. Authorizations received without a voided check will not be processed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and return this form with voided check to:**

Creative Benefits, Inc.  
P.O. Box 1928  
Vista, CA 92085-1928  
**Fax: 877-411-4449**

### Authorization to STOP Direct Deposit

If you currently have the direct deposit option and would like to discontinue receiving your spending account reimbursements via direct deposit, enter the effective date, sign and return the form to the above address.

Effective \_\_\_\_\_, I authorize Creative Benefits to **STOP** my direct deposit of all spending account reimbursements to Account Number \_\_\_\_\_.

**Important:** If you wish to restart the direct deposit option into a new bank account at your existing bank or a new bank account at a new bank, please complete the top portion and submit with the new information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_