



DATE: _____

EMPLOYEE NAME: _____

EMPLOYER: _____

RE: **Direct Deposit for Section 125 / 132 / 105 Reimbursements**

Please direct all payments from my Section 125 HCR / DCR, Section 132 TRN / PRK, Section 105 HRA account(s) to be directly deposited into my checking/savings account. Direct deposit payments are effective 15 business days following receipt of authorization. Deposits should be posted to your bank account within 72 hours after the reimbursement date. Please view your account on-line @ www.abs125.com. Direct deposit transactions will not be confirmed by mail.

Please attach a **voided check** (do not attach a deposit slip) to this memorandum and return it to Advanced Benefit Strategies, Inc. By attaching your voided check you will be authorizing the deposit of those payments into your account. **If already utilizing direct deposit for Section 125 / 132 / 105 reimbursements do not complete authorization form unless you need to change bank account information.**

The first step in direct deposit is to send a pre notification verifying account number and routing number. In accordance with NACHA rules if notification is returned from our banking partners that there is an issue reading account or routing numbers we must remove the direct deposit option from your account and you will be sent a check.

Depositor Name as Shown on Bank Records

Checking Account Number/ Transit Routing Number

(Bank Name and Address: Street, Box #, City, State and Zip Code)

or

Attach voided check here

Signature

Date

Return to:
Advanced Benefit Strategies, Inc.
30 Mill Street
Unionville, CT 06085

Tel: 860-675-2261
Toll Free: 877-732-8125
Fax: 860-673-2207