

DIRECT DEPOSIT AUTHORIZATION

Company/Plan Name: _____

SECTION 1. EMPLOYEE INFORMATION

Name _____ Social Security Number _____

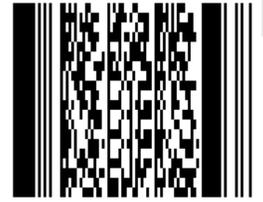
Email Address (Required) _____ Daytime Phone Number _____ Evening Phone Number _____

SECTION 2. TYPE (Please select one)

- Initiate Direct Deposit Change Account Cancel Direct Deposit

SECTION 3. BANK INFORMATION *Please print legibly*

- Checking *Provide account information below and attach a copy of a voided check.*
 Savings *Provide account information below.*



##25T01262#####

Bank Routing Number *Nine Digits, starts with 0, 1, 2, 3, or 4.* _____ Bank Name _____

Checking or Savings Account Number _____ Checking or Savings Account Owner Name _____

SECTION 4. EMPLOYEE AUTHORIZATION

I acknowledge the following:

If I do not provide a copy of a voided check Pension Dynamics is not responsible for failed bank transmittal due to incorrect banking information. Deposit slips cannot be accepted as the routing numbers are often different on these slips.

My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.

I authorize Pension Dynamics Company LLC to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account.

Direct deposit of my reimbursement accounts shall commence within 2 (two) weeks of receipt of this form. This direct deposit will be for all reimbursement accounts that I have established with Pension Dynamics.

My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit by my employer.

I must notify Pension Dynamics immediately if I make any changes to my banking situation. Not doing so can delay my payment greatly.

I will not assume payment has been made to my bank account at any time. I am solely responsible for checking with my bank as to the deposit amount and date of direct deposits made. I am also responsible for any fees my bank may charge for direct deposits.

I understand the information on this form and authorize Pension Dynamics Company LLC to complete my request as indicated:

Employee Signature _____ Date _____