



Direct Deposit Authorization for of Reimbursement Claims

For Employee/Participant

Employee/Participant Name: _____ Employee SSN: _____

Company Name: _____

I hereby authorize CPS, Eagles, Benefits By Design, Inc., and subsidiaries to initiate credit entries to my:

Checking account or Savings account

Indicated below and the depository named below (Depository) to credit the same to such account.

** Please note that before the ACH option takes effect a prenotification transaction needs to be sent to the bank for approval, therefore the next disbursement after this election may still come in the form of a check. Then the remaining payments will be via ACH. Any ACH transactions stopped by the bank will cancel your ACH election until corrections can be made.

****An actual voided check must be attached****

Staple voided check here

This form will be not be processed without a voided check

Account Number: _____

Depository* (Financial Institution): _____ Branch: _____

City: _____ State: _____

Bank ACH Transit Routing Number: _____

This authority will remain in full force and effect until Eagles, Benefits by Design, Inc. has received written notification from me of its termination in such time and in such manner as to afford Eagles Benefits a reasonable opportunity to act on it. Eagles Benefits is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature: _____ Date: _____

Email: Support@CPS125.com

Fax: 772-334-7059

Mail to:

Eagles, Benefits by Design, Inc.

913 Gulf Breeze Prkwy STE 34

Gulf Breeze, FL 32561

Call 772.334.3995 for help