

Authorization Agreement for Direct Deposit

This agreement is required to allow GDI to directly deposit FSA or HRA claim payments to your bank account (provided your employer and GDI have made this option available).

► Instructions

1. You do **not** need to complete a new direct deposit agreement unless this is your initial agreement; or if you have changes.
2. Please complete **all** requested information below
3. For checking accounts, attach a copy of a **voided check** from the account you will use for direct deposit.
4. For savings accounts, please **verify with your bank the correct routing number** and account number.
5. Please include your contact information below in the event of processing issues.

► Personal information (required)

Name of your employer: _____
Social Security Number _____ / _____ / _____
Daytime telephone number _____
Email address: _____

► Banking information

Participant's name (as it appears on bank account) _____
Bank name and phone number _____ / _____
Bank city and state _____
Bank account number _____
Bank routing number _____
Account type (checking, savings) _____

This direct deposit agreement is:

New Changed Cancelled

I hereby authorize Group Dynamic, Inc. to initiate deposits to the bank account indicated above. I authorize credit entries and, if necessary, debit entries for the sole purpose of adjusting any credit entries made in error to my account.

I understand I will receive a paper check until the banking pre-note process has been successfully completed (approximately two weeks).

Signature (as on your check/savings, etc) Print name Date

Completed form and voided check should be returned to:

Accounting Team
Group Dynamic, Inc.
411 US Route One
Falmouth, Maine 04105
FAX: (207) 781-3841

Please be assured this information will be held under the strictest security and confidence by GDI