

**2018  
Direct Deposit Authorization**



**Please Return Form To:**  
M.A. Services  
PO Box 587  
Pittsford, NY 14534  
PHONE: (800)836-8100  
FAX: (585) 248-2488

- New Authorization
- Change Account
- Cancel Authorization

**Instructions:**

Please designate ONE account for the direct deposit of your HRA / Flexible Benefit Reimbursements.  
**You MUST include a voided check** if electing a checking account OR a savings deposit slip for a savings account.

**PLEASE NOTE: If you already have an account on file you DO NOT need to send this again, unless your account has changed.**

Please fill out the information below and attached a voided check.

<b>EMPLOYEE INFORMATION</b>	
<b>Employer:</b>	
<b>Employee Name:</b>	<b>Employee SSN:</b> <b>XXX-XX-</b> _____
<b>Email Address:</b> (Deposit Notifications will be sent via email)	

<b>ACCOUNT INFORMATION</b>	
<b>Financial Institution:</b>	<b>Account Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Branch:</b>	<b>Bank Contact Number:</b>
<b>Routing/Transit Number:</b> (When in doubt check with your Bank)	<b>Account Number:</b>

<b>EMPLOYEE AUTHORIZATION</b>	
I hereby authorize M.A. Services to initiate credit entries and, if necessary, debit entries to reverse erroneous credits, to my account indicated above. This authorization shall remain in full force and effect until M.A. Services has received written notification from me of its termination in a timely manner as to afford M.A. Services and the financial institution a reasonable opportunity to act upon it OR until I no longer participate in flexible benefits plan for a period of 6 months.	
<b>Employee Signature:</b> _____	<b>Date:</b> _____

**Please attach a voided check or savings deposit slip.**

**IMPORTANT:**

Please notify us immediately if you close an existing account.  
Failure to notify us will delay the processing of your reimbursement and result in charges to you for a new set-up.