



Direct Deposit Employee Authorization Form

Submit information on your Chard Snyder online account for quickest processing and reimbursement. Paper forms can be submitted by fax or mail, but expect longer processing times for these methods.

Please contact Chard Snyder at 800.284.8412 to verify the availability of direct deposit reimbursement services for your plan(s) or if you need assistance with completing this form. You may also visit our website at www.benefit-info.com/csn.

Company Information (PLEASE PRINT)

Company Name	Division (if applicable)
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Participant Information (PLEASE PRINT)

Last Name	Primary Phone	
First Name	Secondary Phone	
SSN / (or Alternate Employee ID)	Date of Birth (mm/dd/yyyy)	Email Address (For Account Notifications)
Street Address (Check if New Address <input type="checkbox"/>)		
City	State	Zip

Bank Account Information (PLEASE PRINT)

Bank Name: _____	<i>Select One:</i> <input type="checkbox"/> Begin Direct Deposit <input type="checkbox"/> Change Bank Information <input type="checkbox"/> Cancel Direct Deposit	<i>Account Type (Select One):</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number (9 digits, include all zeros): _____		
Bank Account Number (Include All Zeros): _____		

Participant Authorization & Acknowledgement

I understand the information on this form and authorize Chard Snyder to complete my request. I certify the following to be true.

- My financial institution can receive transactions by electronic transfer and the bank information provided can serve this purpose.
- I permit Chard Snyder 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.
- I will not hold Chard Snyder responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, my employer or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.
- Chard Snyder reserves the right to debit your account for return deposit items and collect a \$25 processing fee and reserves the right to periodically change this fee. Chard Snyder is not responsible for any fees that may be incurred and charged to me by my financial institution.
- Direct deposit of my reimbursements shall commence within 4 (four) weeks of receipt of this form.
- 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, cancellation of direct deposit by my employer or in the event that processing fees are incurred and are unpaid for a period of 60 days.
- Financial institutions are subject to approval by Chard Snyder.

Signature	Date
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SEND THIS FORM TO CHARD SNYDER

Please submit this form to Chard Snyder by one of the two methods listed to the right	Fax: 888.887.9961 <i>(Please DO NOT include a Fax Cover Page)</i> Mail: P.O. Box 2905, Fargo, ND 58108-2905
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Direct Deposit

Employee Authorization Form Instructions

1. **Complete all company and employee information** on the front page (please print/type). NOTE: Please include your e-mail address to receive an automatic e-mail notification whenever a claim is entered into our system and when a reimbursement is approved for you to receive payment
2. **Complete all bank account information.** A copy of a voided check may be attached for clarity
3. **You MUST sign and date** the “Participant Authorization & Acknowledgement” section on the front of this page
4. **Fax or Mail** this form and supporting documentation directly to Chard Snyder:
 - Fax:** 888.887.9961 (*Please DO NOT include a Fax Cover Page*)
 - Mail:** P.O. Box 2905, Fargo, ND 58108-2905
5. **If you have questions** please contact us:
 - Call Customer Service:** 800.284.8412
 - Visit our Website:** www.benefit-info.com/csn
6. **Important Reminders:**
 - Do NOT use a fax cover page when faxing
 - Payments are issued after receipt and processing, subject to claim approval