

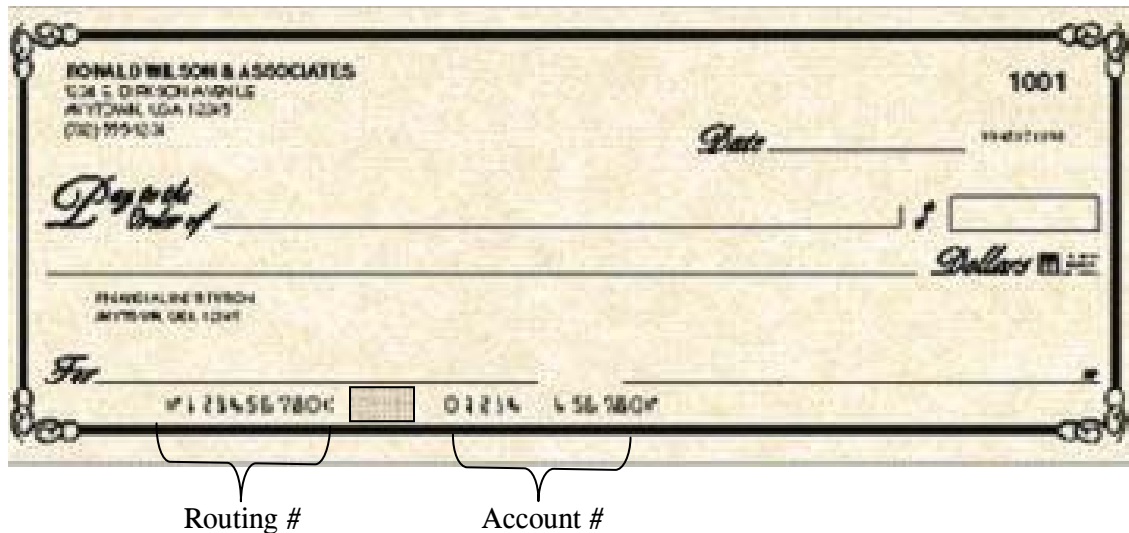
**Direct Deposit Authorization of Reimbursement Claims\*\*\***

|                       |                                                                                                                                            |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Employee Name         |                                                                                                                                            |
| Company Name          |                                                                                                                                            |
| Bank Name             |                                                                                                                                            |
| Bank Phone Number     |                                                                                                                                            |
| City, State, Zip      |                                                                                                                                            |
| Account Type          | <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>*** Reimbursements <i>cannot</i> be made to a Health Savings Account |
| Bank Routing Number*  |                                                                                                                                            |
| Bank Account Number** |                                                                                                                                            |

\* Bank Routing Number is the first 9 digits found on the bottom of the check.

\*\* Bank Account Number is the next grouping of numbers after the routing number on the bottom of the check.

*Attach a voided check or bank letter showing deposit information*



I hereby authorize Northeast Benefits Management to pay all claims by depositing the amount directly into the account named above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scan and e-mail form to [info@nbmus.com](mailto:info@nbmus.com) or**  
**eFax completed form to: 802-304-1009 (Burlington exchange)**