

Direct Deposit Authorization Form

For quickest processing, skip this form and log on to your account at ProBenefits.com to add or change your direct deposit information. Or complete this form and fax to 877.761.1850, or email to Trust@ProBenefits.com.

Employer _____

Employee Name _____

Last four digits of Social Security Number _____

Mailing Address _____

Email _____

Birth Date _____

Direct Deposit Signup

Type of Account: Checking Savings

You may also add or change Direct Deposit information any time during the plan year by logging into your account online at ProBenefits.com.

Please tape a Voided Check (not deposit slip) here.

A voided check supplies the account numbers and routing information required by the bank to establish your Direct Deposit arrangement. (Deposit slips sometimes do not include all needed information.)

Direct Deposit Reimbursement Authorization Agreement

1. I hereby authorize ProBenefits, Inc. (hereinafter "Plan Service Provider") to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named (hereinafter "Financial Institution").
2. This authority is to remain in force until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements monthly by check, if offered by my plan.
3. I acknowledge that my account information will be available to me 24 hrs/day by internet (www.ProBenefits.com), and that I will not receive written verification each time a reimbursement payment is made.

By signing below I certify that I have read the Direct Deposit Reimbursement Authorization Agreement above. I agree to the terms of participation on this form and in related plan documents.

Signature: _____ Date: _____



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