LD&B Insurance Agency

DIRECT DEPOSIT AUTHORIZATION

Please complete this form if you prefer to have your FSA reimbursement deposited directly into your bank account rather than receiving a check.

PLEASE ATTACH A VOID CHECK HERE

DEPOSIT SLIPS NOT ACCEPTED

● INSTRUCTIONS

1. PLEASE PRINT ALL INFORMATION CLEARLY.
2. Attach a void check if you designate a checking account. DO NOT SUBMIT A DEPOSIT SLIP. If you designate a savings account, attach a completed Savings Account Direct Deposit Form from your financial institution.
3. Please sign and date the form. Omission of signature will delay processing.
4. Mail completed form to the address indicated at the bottom of the page.
5. Notify LD&B Insurance Agency of any account changes or account closings.

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account on the scheduled reimbursement date. You will receive an Explanation of Benefits and a new Claim Form through the mail.

● PARTICIPANT INFORMATION

First Name_____ Last Name _____ Social Security Number _____ - _____ - _____

Daytime Telephone (_____) _____ - _____ Employer Name _____

● BANK INFORMATION

Check only one:

( ) Set-up Direct Deposit for:
  ( ) Checking (attach a void check above)
  ( ) Savings (attach a Savings Account Direct Deposit Form from your financial institution)

( ) Change Account Information

( ) Cancel Direct Deposit

Full Bank Name _____ Telephone _____

Bank Routing Number (9-digit number on lower left of check) _____

Bank Account Number (to 17 digits) _____

IMPORTANT

- The designated account must be in your name.

- Processing of your Direct Deposit information will be delayed if you do not include both the bank account number **AND** the bank routing number. Call your bank if you are unsure of your bank account information.

● AUTHORIZATION

I hereby authorize LD&B Insurance Agency, to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until LD&B Insurance Agency has received written notification from me of its termination in such time and in such manner as to afford LD&B Insurance Agency a reasonable opportunity to act on it.

Employee Signature _____ Date _____

Mail to: LD&B Insurance Agency ● 205-A South Liberty Street ● Harrisonburg, VA 22801
Telephone: (540) 433-2796 ● 1-800-366-3846

*****Form must be received within 30 days after start of plan year.***