

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employer: _____

Section 125 Flex Reimbursement Account

STEPS FOR COMPLETING THIS FORM

<p>1. Fill in all boxes below.</p> <p>2. Attach voided check (not deposit slip).</p> <p>3. All account holders must sign and date form.</p>	<p>4. Return via mail, email or fax to address below.</p> <p>5. THIS WILL REMAIN IN EFFECT UNTIL YOU CHANGE OR CANCEL.</p>
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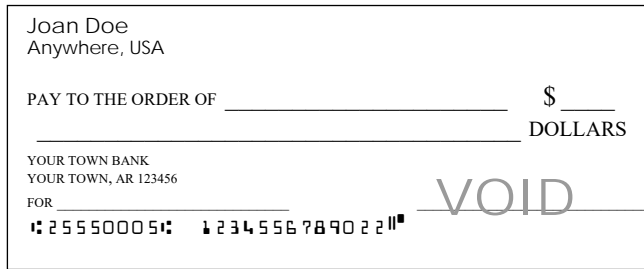
Last Name	MI	First Name

Social Security Number	Home Phone/ Work Phone	Email address

Circle Action	Bank Routing Number	Circle Acct. Type	Account Number
New / Change / Cancel		Checking / Savings	

-----ATTACH A VOIDED CHECK HERE. -----

DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.



By signing this agreement, I authorize Pension Corporation of America to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error. I understand that direct deposits will commence within 4 (four) weeks of receipt of this form, and that my direct deposit may be terminated at any time by my written request, by a failed bank transmittal due to incorrect bank information or by cancellation of direct deposit by my employer.

Signature: _____ Date: _____

Pension Corporation of America, ATTN: Flex Dept.
2133 Luray Avenue
Cincinnati OH 45206
Phone: 513-281-3366
Fax: 513-281-2026
Email: claims@pencorp.com