

**Benefit Alternatives, Inc.**  
**Direct Deposit Banking Information**

Employer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Home Address: \_\_\_\_\_  
\_\_\_\_\_

Participant Daytime Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_  
(for notification of Direct Deposit Advice)

**\*\*Please note that this Email will contain confidential information\*\***

\_\_\_\_ Please check here if you would prefer to **NOT** receive an Email deposit advice.

Financial Institution: \_\_\_\_\_

Financial Institution Branch Address: \_\_\_\_\_  
\_\_\_\_\_

Financial Institution ABA Routing Number: \_\_\_\_\_  
\*(this information will be on the bottom of a check for this account)

Participant Checking/  
Savings Account Number: \_\_\_\_\_

Date that Direct Deposit of Flexible Benefit Plan disbursements should begin: \_\_\_\_\_

I hereby authorize Benefit Alternatives, Inc. to provide a Direct Deposit advice to my employer, reflective of the disbursement that I am entitled to for my distribution(s) from my employer's Flexible Benefit Plan. I understand that should I change the Financial Institution that the Direct Deposit should be directed to, it is **MY** responsibility to advise both my Employer and Benefit Alternatives, Inc. of this change.

\_\_\_\_\_  
Participant Signature Date

Upon completion, please mail this form to: **Benefit Alternatives, Inc.**  
**Direct Deposit Area**  
**902 Macy Drive**  
**Roswell, GA 30076**

or fax it to: **770.640.6938**