



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Initial Authorization - 1st time submission to PBS

Updated Account Information

NOTE: The initial direct deposit may take up to 10 days to process. Subsequent direct deposits normally take 2 business days from date of initiation. Bank holidays/weekends may affect when your deposit is credited to your account. Please contact your bank to verify all deposits are received.

PLAN INFORMATION

EMPLOYER NAME _____

EMPLOYEE INFORMATION

FIRST NAME _____ LAST NAME _____ SSN _____

DAYTIME PHONE _____ EMAIL¹ _____

¹ **Email:** By providing your email address you agree to receive Employee Benefit Plan correspondence electronically. Planned Benefit Systems, Inc. does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@cci-pbs.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the PBS, Inc. Customer Service Department or by visiting our website at www.cci-pbs.com. Select *Planned Benefit Systems*, then *Account Information* under the Participants section and then log in under Employee and Cardholder Login. PBS, Inc. reserves the right to utilize an email address that may be provided to us by your employer.

DEPOSITORY INFORMATION

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ ROUTING NUMBER _____

Must be 9 digits

CHECKING SAVINGS

EMPLOYEE AUTHORIZATION

I hereby authorize Planned Benefit Systems, Inc. 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 Planned Benefit Systems, Inc. has received written notification from me of its termination in such time and in such manner as to afford Planned Benefit Systems, Inc. a reasonable opportunity to act on it.

SIGNATURE _____

DATE _____

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