Planned Benefit Systems

REIMBURSEMENT AUTHORIZATION AGREEMENT

PLAN INFORMATION

EMPLOYER NAME _____

EMPLOYEE INFORMATION

FIRST NAME _____ LAST NAME _____ SSN_____

DAYTIME PHONE _____ EMAIL[1] _____

[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 *Tax-Advantaged Plan Administration,* 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.

REIMBURSEMENT METHOD

Please choose one method for Planned Benefit Systems, Inc. to use when issuing your reimbursements

☐ I would like **CHECKS** issued for my reimbursements. ☐ I would like **DIRECT DEPOSITS** issued for my reimbursements.*

*If you choose Direct Deposit as your reimbursement method, you must also complete the Depository Information section below.

DEPOSITORY INFORMATION

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____ ROUTING NUMBER _____
Must be 9 digits

☐ CHECKING ☐ SAVINGS

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. If you provide us with your email address we will inform you each time a Direct Deposit is initiated. Direct Deposits cannot be posted to debit or credit cards.

EMPLOYEE AUTHORIZATION

I hereby authorize Planned Benefit Systems, Inc. to update my reimbursement information according to the direction given above. This may include the issuance of checks or the initiation of credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, making 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 or change in such time and in such manner as to afford Planned Benefit Systems, Inc. a reasonable opportunity to act on it. The most currently dated document on file at Planned Benefit Systems, Inc. will prevail. Any direct deposit remitted by Planned Benefit Systems, Inc. and not rejected by your bank is deemed a valid reimbursement and will not be adjusted.

SIGNATURE _____ DATE _____

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