

## Direct Deposit Authorization

I hereby authorize MBA Benefits Administrators to Direct Deposit my Flexible Spending Reimbursement to my Checking \_\_\_\_\_ Savings \_\_\_\_\_ account. I have verified the EFT deposit account number with my bank.

NAME \_\_\_\_\_ SS# \_\_\_\_\_ DAY PH # ( ) \_\_\_\_\_

BANK NAME & ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROUTING # \_\_\_\_\_ EFT ACCOUNT # \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK. SIGNATURE:** \_\_\_\_\_

Return from to: MBA

Attn: Group Administration  
PO Box 57340  
Murray, UT 84157-7340