



# Direct Deposit Authorization Form

Please complete and return to your employer.

## PARTICIPANT INFORMATION

Company Name: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

*(Notification of direct deposit payment is sent via e-mail only.)*

## REQUEST FOR DIRECT DEPOSIT *(This option may not be available for all employers.)*

I ELECT TO PARTICIPATE *(Please do not fill out if you are already participating, unless you are changing accounts.)*

CHECKING ACCOUNT OR  SAVINGS ACCOUNT

*(PLEASE ATTACH A "VOIDED" CHECK)*

Financial Institution (name of bank): \_\_\_\_\_

Routing Number (always 9 digits): 

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Account Number: \_\_\_\_\_

### PLEASE NOTE:

- Direct Deposit may not be offered as a reimbursement option under your plan. For confirmation of availability, please check with your employer.
- By completing this form you are authorizing **all** benefit plan reimbursements to be sent via direct deposit.

*I hereby authorize BASE® to electronically deposit my reimbursements for all benefits to the bank account provided. I understand BASE® does not control when my bank will make funds available. If a deposit is deemed ineligible after payment, I authorize BASE® to withdraw those funds electronically from my account.*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Direct deposits will begin approximately 2 weeks after BASE® receives this completed form.*

### EMPLOYER RETURNS COMPLETED DIRECT DEPOSIT FORMS TO:

**MAIL**  
**BASE®**  
**601 VISIONS PARKWAY**  
**ADEL, IA 50003**

**SECURE EMAIL**  
<https://secure.baseonline.com/filedrop/DirectDeposit>

**FAX**  
**515-993-5041**