



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