



# Authorization for Direct Deposit Reimbursement

To set up direct deposit for your Flexible Spending Account, please completed this form and submit it to Sheakley for processing.  
*\*If you currently have direct deposit set up with Sheakley, you do not need to submit a form for each new Plan Year.\**

## Account Information

Employer Name		Employee Name		Last 4 of SSN
Name of Bank	Routing Number (9 digits)		Account Number	

This is a checking account.

This is a savings account.

**If possible, please attach a voided check with this completed form.**

**If you do not have a check, please confirm the routing and account numbers before sending.**

## Acceptance of Terms

I authorize Sheakley Pension Administration to send Flexible Spending reimbursements electronically, or by any other commercially accepted method, to my account indicated above. I understand that payments may be delayed by bank closures due to national holidays.

If my banking information changes for any reason and at any time during my participation, I understand that I must provide this updated information to Sheakley. I understand that if a reimbursement is delayed due to outdated information, I will not hold Sheakley Pension Administration accountable.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Completed forms may be faxed to 513.326.8082 or emailed to [125@sheakley.com](mailto:125@sheakley.com). If you have any questions, please contact us at 800.877.6630.

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Entered By: \_\_\_\_\_ on \_\_\_\_\_

Verified by: \_\_\_\_\_ on \_\_\_\_\_