

Direct Deposit Authorization



Please check with your employer to verify the availability of direct deposit services.

If you have any questions, please contact your human resource representative or contact Chard Snyder at (513) 459-9997, toll free (800) 982-7715, or visit our website at www.chard-snyder.com.

EMPLOYEE INFORMATION		
First Name	Home Phone () -	
Last Name	Work Phone () -	
Company		
SSN / Employee ID	Email Address (Required for plan communication)	
Street Address		Apt#
City	State	ZIP

DIRECT DEPOSIT AUTHORIZATION	SELECTIONS BELOW	
<p>ALL Bank Information Below is REQUIRED Used for Paper Claims sent to Chard Snyder for reimbursement directly to your personal bank account.</p> <p><i>Note: In the event that your direct deposit transaction is returned, Chard Snyder reserves the right to collect a \$25 processing fee.</i></p> <p>Bank Nine Digit Routing Number (Include ALL Zeros): _____</p> <p>Bank Account Number: _____ (Include All Zeros)</p> <p>Bank Name: _____</p>	<p><u>Please Select One Below:</u></p> <p><input type="checkbox"/> Begin Direct Deposit</p> <p><input type="checkbox"/> Change Bank Information</p> <p><input type="checkbox"/> Cancel Direct Deposit</p>	<p><u>Account Type:</u> (<u>Select One</u>)</p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Savings</p>

EMPLOYEE AUTHORIZATION AND ACKNOWLEDGEMENT
<ol style="list-style-type: none"> My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose. I permit Chard Snyder to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and / or debit the same to such account. Direct deposit of my reimbursements shall commence within 4 (four) weeks of receipt of this form. My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, or cancellation of direct deposit by my employer. <p>I hereby understand the information on this form and authorize Chard Snyder to complete my request.</p>
<p>Signature _____ Date / /</p>

SEND THIS FORM TO CHARD SNYDER
<p>Please submit this form to Chard Snyder via one of the three methods listed to the right...</p> <p><input checked="" type="checkbox"/> Fax to: Local (513) 459-9947 / Toll-Free (888) 245-8452 (<i>Please DO NOT include a Fax Cover Page</i>)</p> <p><input checked="" type="checkbox"/> Mail to: 3510 Irwin Simpson Rd, Mason, OH 45040</p> <p><input checked="" type="checkbox"/> Email to: askpenny@chard-snyder.com</p>