

**Authorization for
Electronic Funds
Transfer (EFT) / Direct
Deposit**



PO Box 2797 ♦ Portland, OR 97208-2797
Phone (541) 485-7488 ♦ (800) 422-7038
FAX (866) 446-6090
www.manleyserv.com

EMPLOYEE INFORMATION

Employer _____

Employee Last Name	First Name	Middle Initial	Social Security Number
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ACCOUNT INFORMATION

Please check one of the following:

- ADD – Deposit my: *(check any that apply)*
 - FSA reimbursement funds to the account shown
 - HRA reimbursement funds to the account shown
 - Transportation reimbursement funds to the account shown
- CHANGE – Change my financial institution and/or account number.
- CANCEL – Stop my participation in the direct deposit program.

Type of account: Checking Savings

(If neither is marked, we will deposit to your checking account.)

I hereby authorize Manley Services to initiate deposits to the bank account indicated below. I authorize credit entries and, if necessary, debit entries or adjustments for any credit entries made in error to my account. This authority will remain in effect until Manley Services has received written notification from me of its termination in a manner that allows Manley Services a reasonable opportunity to act upon it. **I understand that Manley Services will not provide written statements advising me of deposits.** I have read and understand the information on the reverse side of this form.

Signature _____ Date: _____

ATTACH VOIDED CHECK BELOW

Please tape your voided check here.

(Do not send deposit slips.)

Please **mail** completed form to Manley Services at the address above. (Decorated checks and security watermarks can sometimes distort or hide the account numbers when faxed.) Allow 10 working days for processing of this authorization. You will receive regular reimbursement checks until this request is processed.

Important Information Regarding EFT/Direct Deposit Reimbursement

(Please read before signing Authorization Agreement form.)

- Participants who wish to have their reimbursement checks deposited directly into their bank account must complete an Authorization Agreement for EFT/Direct Deposit Form and mail it to Manley Services with their voided check.
- If you are currently enrolled in an FSA, HRA, and/or Transportation Plan, the information will be entered and there will be a 10-day waiting period from the time Manley receives the authorization until it takes effect.
- If you are a new enrollee in an FSA, HRA, and/or Transportation Plan, your EFT information will be added after we receive and process your enrollment information. The 10-day waiting period begins the day you are entered into our system. Physical checks will be issued during that time. Claims will not be held for direct deposit.
- Once you agree to the EFT/Direct Deposit process, all reimbursement transactions will be in this format until we receive your written request to cancel the process.
- *No written notice of EFT/Direct Deposits will be sent.*