



DIRECT DEPOSIT ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM FOR FSA & HRA REIMBURSEMENTS

GROUP NUMBER:	BCCBB1055
GROUP NAME:	SAN DIEGO COMMUNITY COLLEGE DISTRICT
PARTICIPANT NAME:	
PARTICIPANT SSN:	
PARTICIPANT PHONE:	
NAME OF FINANCIAL INSTITUTION:	
BANK ROUTING NUMBER:	
BANK ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	CHECKING: <input type="checkbox"/> SAVINGS: <input type="checkbox"/>
SUBMISSION TYPE:	CHANGE TO EXISTING DIRECT DEPOSIT: <input type="checkbox"/> ADD NEW DIRECT DEPOSIT: <input type="checkbox"/>

For checking, please included a voided check, copy of a voided check, or other bank-related documentation showing proof of account with your submission. For savings, please contact your bank for the bank routing number.

TERMS: I authorize Benefit Coordinators Corporation to initiate credit entries (deposits to) and adjustments for any credit entries in error to my account indicated above and the depository named above to debit and/or credit the same to such account. For checking accounts: if no voided check/banking documentation is submitted, my signature will be used as authorization that the bank information provided is accurate. This authorization is to remain in full force and effect until cancelled in writing by me, Benefit Coordinators Corporation or the financial institution designated.

Signature

Date

Please return this authorization form and voided check/banking documentation (if applicable) to BCC:

Mail:	E-mail:	Secure Upload:
Benefit Coordinators Corporation Attn: FLEX Two Robinson Plaza, Suite 200 Pittsburgh, PA 15205	directdeposit@benxcel.com	https://secure.benxcel.com (5MB or less)