



AUTHORIZATION FOR DIRECT DEPOSIT FORM

Use this form to authorize direct deposit to your flexible spending account (FSA) or health reimbursement account (HRA). Direct deposits will post to your account within two business days of your plan's payment processing.

Please read the form carefully, then print and complete by hand. Sign your completed form, **attach a voided check**, and submit by mail or fax to:

Mail: Stanley, Hunt, DuPree & Rhine, Inc.
SHDR Flexible Reimbursement
PO Box 6400
Greenville, SC 29606-5035

FAX: 1-252-293-9048 or 1-252-293-9049

Authorization

I hereby authorize Stanley, Hunt, DuPree & Rhine, Inc. (SHDR) to initiate credit entries to the checking account indicated below. I further authorize SHDR to initiate, if necessary, debit entries and adjustments to correct any credits entered in error.

Account Holder Information

Employer Name _____
Account Holder Name _____
Social Security Number _____
Daytime Phone Number _____
Email Address _____

Bank Account Information

Bank Name _____
Bank Address _____ City _____
State _____
ZIP _____
Routing Number _____
Account Number _____
Type of Account CHECKING or SAVINGS (Please check one)

Account Holder's Signature _____

Please note: This authorization will remain in force until SHDR receives written notification from the account holder of its termination.

Remember to attach a voided check