



SABC FLEXIBLE SPENDING CAFETERIA PLAN, DIRECT DEPOSIT AUTHORIZATION

Check the Appropriate Box

New Setup

Change Information

Cancel Direct Deposit

I _____ an Employee of _____, authorize SABC to:
(Insert Employee Name) *(Insert Name of Employer)*

Initiate electronic credit entries from my Flexible Spending Cafeteria Plan account, based on each claim for reimbursement I submit to SABC, and if necessary, any debit entries and adjustments for any credit entries in error. I acknowledge and understand that *it is my responsibility* to check the account on the next business day, after receiving email notification of payment, to ensure that the account was properly credited. I understand that I am required to have an email account in order to be notified a payment was issued. I understand SABC will not be liable for any bank charges resulting from problems associated with payment by direct deposit such as: my error in providing the correct bank information, or my failure to notify SABC when a bank account is closed. If SABC is charged a fee, by any financial institution in regard to incorrect or closed account information due to failure on my part, SABC reserves the right to transfer those fees to me.

I acknowledge that the origination of an Automated Clearing House (ACH) transaction to my Checking Account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it by filing a new form with SABC.

(Please Complete All Fields)

Employee Name *(Please Print)* / *Daytime phone*

Employee Signature

Employee Number

CHECKING _____ or SAVINGS _____
(Please check one)

Employee Email Address for Notification **(Required)**

Date

REQUIRED IF CHECKING
TAPE VOIDED CHECK HERE. DO NOT STAPLE.

BANK INFORMATION

Financial Institution Name *(Please Print)*

Financial Institution City and State

Financial Institution Routing/Transit (ABA) Number (9 digits)

Your Account Number

*Please double check the FDIC Bank Routing/Transit and your bank account number for accurate entry, then attach a Voided Check and fax or mail to SABC. Fax 601-856-8088 * Mail to PO Box 2449 Madison, MS 39130 or give to your Human Resource Department.*

SABC FLEXIBLE SPENDING CAFETERIAL PLAN, DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

Check the Appropriate Box:

- Place a check mark by new setup
- Enter your name
- Enter the name of the University

Please Complete All Fields:

- Enter your name
- Enter your daytime phone number
- Enter your employee ID number
- Enter your email address
- Enter today's date
- Sign the form
- Indicate checking or savings account

Tape a voided check in the box provided on the form. Do not staple.

Bank Information:

- Enter the financial institution name
- Enter the bank routing 9-digit number
- Enter the financial institution city and state
- Enter your account number

Please send the completed form to the Human Resource Department via:

- In person: 245 Barr Ave, 150 McArthur Hall
- U. S. Mail: PO Box 9603, Mississippi State, Ms 39762
- Fax: 662 325-0753
- Secure e-mail: contact your benefit specialist listed on the website: hrm.msstate.edu for information how to send secure email. To find your benefit specialist, view the home page, about us, our staff.
- Campus mailstop 9603
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