

EMPLOYER BANK ACCOUNT AUTHORIZATION FORM

_____ authorizes Plan Service Provider **O.C.A. Benefit Services** to generate reimbursements from the below named banking institution.

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Effective Date: _____ Type of Arrangement: ☐ Checking ☐ Savings

Starting Check #: _____

Account Number (Include hyphens, but not spaces and special symbols)

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Routing Transit Number

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All Nine boxes MUST be filled. The first two numbers must be 01 through 12 or 21 through 32.

----- Attached Voided Check Here -----

Do Not attach Deposit Tickets, as they do not show the necessary information. If unable to provide a Voided Check, then a Letter from your Banking Institution would be necessary.

Joan Doe Anywhere, USA	1234
PAY TO THE ORDER OF _____	\$ _____
YOUR TOWN BANK YOUR TOWN, AR 123456 FOR _____	DOLLARS
VOID	
⑆ 25000005⑆ 1234556789022⑆	

This authority is to remain in full force and effect until O.C.A. Benefit Services and Bank have received written notification of its termination in such time and in such manner as to afford O.C.A. Benefit Services and Bank a reasonable opportunity to act upon it.

Employer Signature

Date