

DIRECT DEPOSIT AUTHORIZATION

ProcessWorks Reimbursement Plans

If you are participating in any of the reimbursement accounts and would like your claim reimbursements to be deposited directly to your checking or savings account, complete this form and return it to ProcessWorks. Please allow *up to 10 business days* from the date ProcessWorks receives this form for processing.

- I authorize ProcessWorks to credit my reimbursements to my account as indicated on the **attached voided check for checking accounts or voided deposit slip for savings accounts**. I further authorize ProcessWorks to debit my account for any reimbursements credited to my account in error. Should I change my checking or savings account, I will complete a new Direct Deposit Authorization listing the new account information. I realize if I fail to notify ProcessWorks of any bank account changes a service fee of \$10.00 will be charged for each returned direct deposit item. Returned items will be reissued as paper reimbursement checks within 10 business days after the item is returned and receipt of the \$10.00 service fee. This authorization is to remain in effect until ProcessWorks has received written notification by use of this form of my intention to cancel regardless of my plan participation from year to year.

Employer Name: _____

Employee Name: _____

Soc. Sec. #: _____ - _____ - _____

Bank Name: _____

Account Status: New Change Cancel
Type: Checking Savings

ProcessWorks will notify you when direct deposits are made to your account. Select one of the following notification options.

E-mail to this Internet address: _____

Mail to my home*

* Not applicable if you subscribe to our eStatus claims and reimbursement e-mail notification service. Information about our convenient eStatus service can be found at www.myprocessworks.com/b2online/estatus.cfm.

EMPLOYEE SIGNATURE: _____

DATE: ____/____/____

ProcessWorks releases direct deposits to the financial institutions according to your employers scheduled reimbursement date(s). The financial institutions typically require two business days to process the direct deposits. ProcessWorks suggests contacting your financial institution to verify any direct deposits.

ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS
OR A VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNTS
AND RETURN TO THE ADDRESS BELOW:



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P.O. Box 2490
Brookfield, WI 53008-2490
Fax: (262) 879-0720
24-HOUR ACCESS: (262) 827-7030 OR (888) 868-2492
www.myprocessworks.com