GIC Direct Deposit Authorization Form

Live Chat: benstrat.com/gic-fsa
Phone: 877-353-9442
Fax: 603-232-8079
Email: commonwealth@benstrat.com
Address: P.O. Box 1300, Manchester, NH 03105

Employee Information

Employee Name:
First/Last

Last 4 Digits of SSN: ☐☐☐☐

Primary Phone: ( )

Agency Name:

Email:

Agency Number:

E-mail is required to receive important account notifications

Reimbursement Policy:

Please confirm that your FSA reimbursement has successfully been deposited in your bank account before spending the funds. Benefit Strategies will not be responsible for overdraft fees on your account. If the direct deposit transaction fails, payment will be issued via check until the issue is resolved.

Account Information

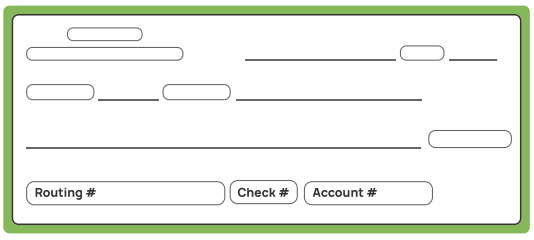
⚠ **IT IS CRITICAL THAT THIS INFORMATION IS ACCURATE AND THAT CHECKING OR SAVINGS ACCOUNT IS INDICATED.**

I hereby authorize Benefit Strategies, LLC to deposit funds directly to my (please check one):

☐ **Checking Account** ☐ **Savings Account**

☐☐☐☐☐☐☐☐☐ **AND** _____

9 Digit Routing Number **Bank Account Number**



Locate routing number and account number using this sample check.

Please Read Carefully

I authorize Benefit Strategies and the financial Institution listed above to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account shown below. This authorization will remain in effect until one of the following occurs: Benefit Strategies receives written termination notification of direct deposit or until Benefit Strategies completes the plan year administration, including the grace period and claims run out.

Employee Signature:
Required

Date:

Print and Sign →