Direct Deposit

Enrollment Form & Instructions

⇨ Direct deposit is a convenient way to receive disbursements from your Flexible Spending Account(s).

⇨ Direct deposit reimbursements are processed on the same schedule as check reimbursements. The direct deposit will initiate on "check" day and normally post to your account on the following business day.

⇨ When you sign up for direct deposit, you will not be notified each time we pay a reimbursement. We encourage you to check your activity on-line at our website and with your bank.

⇨ Complete and return this form to enroll for direct deposit.

⇨ Return the completed from to CBA or your employer (if permitted).

⇨ While not required, we strongly recommend that you attach a "void" check to ensure the accuracy of your account information.

⇨ Direct deposit takes approximately three weeks to set-up. During this set-up period, any claims that you submit will be paid by check and mailed to your address on record.

⇨ You must complete a new Direct Deposit Enrollment Form each time you change your bank account.

⇨ Once you sign up for direct deposit, it will remain in force until you cancel it in writing (or e-mail). Please allow two weeks to process your cancellation.

⇨ You may send your direct deposit enrollment directly to CBA using any of the following methods:

FAX - Local - (916) 303-7083 / Long Distance - (800) 584-4591

MAIL - Mail your form to: Custom Benefit Administrators,
    P.O. Box 2170, Rocklin, CA 95677

E-MAIL - E-mail your form to: customerservice@cbadministrators.com

DIRECT DEPOSIT AUTHORIZATION

Authorization to Receive Reimbursements by Direct Deposit (ACH Credit)

Berkeley USD
Company Name (your Employer)

Check one: Initial enrollment ☐   Change existing enrollment ☐

Employee Name   **Employee SSN**

Verify your mailing address (complete with street, city, state and zip)

Name of DEPOSITORY (Name of Financial Institution)   Checking ☐   Savings ☐

Branch Address   **City / State / Zip**

BANK ROUTING NUMBER	YOUR ACCOUNT NUMBER

I (we) hereby authorize Custom Benefit Administrators (CBA) to initiate credit entries to the checking or savings account designated above at the financial institution named above, hereinafter referred to as DEPOSITORY, and to credit the same to such account. This authority will remain in full force and effect until CBA has received **written** notification from me of its termination in such time and in such manner as to afford CBA and DEPOSITORY a reasonable opportunity to act on it.

Signature   **Date**

Attach "VOID" check here

Deposit slips are not acceptable

Send completed form to: **Custom Benefit Administrators (CBA)**
FAX (916) 303-7083 or P.O. Box 2170, Rocklin, CA 95677

Questions? (916) 303-7090 or (800) 574-5448 or
customerservice@cbadministrators.com

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