

Direct Deposit Form

Company Name: Randolph BOE

↑ FULL NAME (PRINT)	↑ SOCIAL SECURITY	↑ PHONE
↑ HOME ADDRESS, CITY, STATE, ZIP		
↑ (REQUIRED) Email address, indicate work or home		

DIRECT DEPOSIT

_____ I am currently enrolled with BAI and wish to keep my current Direct Deposit information for the upcoming plan year. *

_____ I am enrolling with BAI for the first time, OR I wish to change my existing Direct Deposit information and I have attached a voided check or savings deposit slip to this form. *

_____ I do not wish to enroll in Direct Deposit at this time. I understand that there is a \$35 fee for any lost/stolen check that requires replacement.

SIGNATURE

DATE

I certify that I will comply with all the provisions of the health reimbursement account's summary plan description and plan document.

- ✓ PLEASE PRINT ALL INFORMATION.
- ✓ Remember to keep a copy for your records.
- ✓ Complete the Bank Information section if you would like your reimbursement electronically transferred.
- ✓ Complete the email section to receive advice of direct deposit.
- ✓ Return the signed copy to BAI.
- ✓ * Notify BAI of any bank account information changes. If we are not notified of a change and a direct deposit bounces bank, a \$35 fee will be required to redirect the deposit or issue a check.

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