

## ELECTRONIC FUNDS TRANSFER (EFT)

ACCOUNT TYPE:	<input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> MRA <input type="checkbox"/> VISION
GROUP NAME:	
GROUP NUMBER:	
PARTICIPANT NAME:	
PARTICIPANT SSN:	
PARTICIPANT PHONE:	
PARTICIPANT ADDRESS:	

<input type="checkbox"/> CHANGE EXISTING DIRECT DEPOSIT <input type="checkbox"/> ADD NEW DIRECT DEPOSIT	
NAME OF FINANCIAL INSTITUTION:	
BANK ROUTING NUMBER:	
BANK ACCOUNT NUMBER:	
ACCOUNT TYPE:	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT

**For Checking, please attach a voided check and return this form to BCC.**

**For Savings, please contact your bank for bank routing number.**

Benefit Coordinators Corporation - Attn: Accounting/CK  
 Two Robinson Plaza, Suite 200  
 Pittsburgh, PA 15205

**TERMS:** I authorize Benefit Coordinators Corporation to initiate credit entries (deposits to) and adjustments for any credit entries in error to my account indicated above and the depository named above to debit and/or credit the same to such account. This authorization is to remain in full force and effect until cancelled in writing by me, Benefit Coordinators Corporation or the financial institution designated.

SIGNATURE:	DATE:
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