



Direct Deposit Authorization Agreement

**You can now have your claim payments deposited directly into your bank account.
Please complete the following information below to setup direct deposit.**

Bank Name _____

Nine Digit Routing (ABA) No.

Account No.

Please indicate type of account (circle one) CHECKING or SAVINGS

If this is a new account, it must be established and active at your bank before you request direct deposit.

For checking accounts, please attach a voided check. For savings accounts, please contact your financial institution for the routing number - do not use savings deposit slip.



[Attach check / slip here]

I authorize P&A Administrative Services, Inc. and the bank listed above to deposit my reimbursements directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize P&A Administrative Services, Inc. to direct the bank to return said funds to P&A Administrative Services, Inc.

I understand that my deposit may not be credited to my account for up to 2 business days after the transaction has been sent to the bank for processing.

I understand that there is a 5 day waiting period for prenote processing before direct deposit will become active.

I understand that this authorization will remain in effect unless I advise P&A that I have revoked it. Furthermore, I understand that it is my responsibility to notify P&A of all future changes to my bank account number and routing number. If I fail to notify P&A of changes of this nature, I will be responsible for reimbursing P&A for all applicable bank charges.

Employer Name _____

Employee Name (Please Print) _____ SSN# _____

Work Phone No. _____ Home Phone No. _____

Employee Signature _____ Date _____

*Please fax this completed form to P&A via toll-free number: 1-877-855-7105
or mail it to: Attn – Flex Dept., 17 Court Street, Suite 500, Buffalo, NY 14202*