



Direct Deposit Authorization Form

Remit To:
 Plus Point Services
 307 oak street
 hood river, or 97031
 PHONE: 541.386.1696
 FAX: 541.386.2280
 EMAIL: Admin@pluspoint-tpa.com

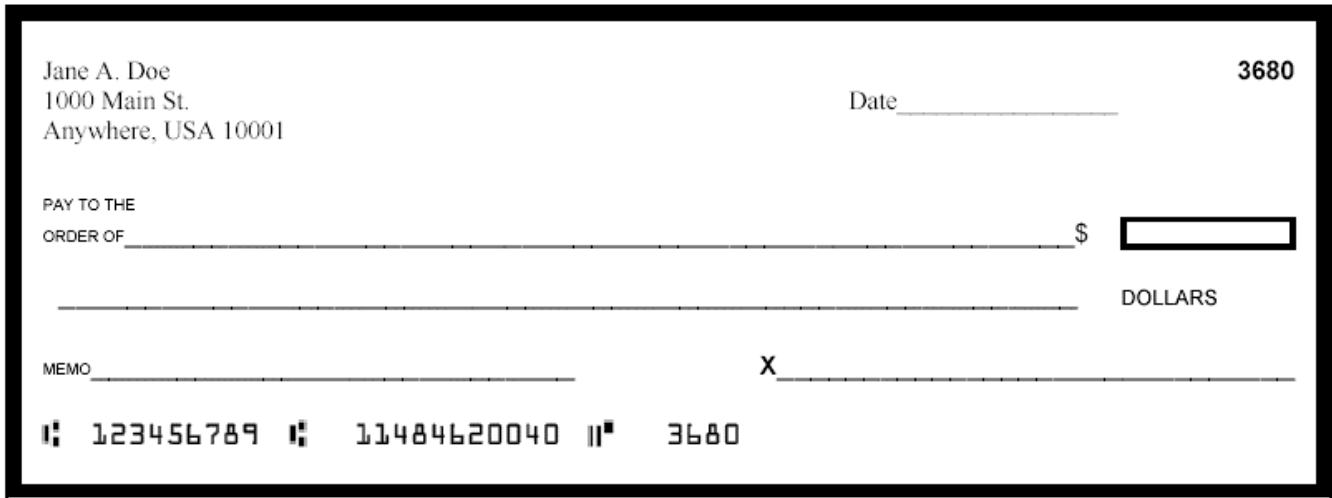
___ New Agreement

___ Change Account

Employee Information					
Employer Name:					
Employee Name:		Email:			
Address:					
City:		State:		Zip:	

Financial Institution Information					
Name:					
City:		State:		Zip:	
Routing Number:			Account Number:		
Account Type:	----- Checking Account		----- Saving Account		

PLEASE ATTACH A VOIDED CHECK. If you do not attach a voided check and your account information is incorrect you will be charged a \$25.00 service fee.



Transit/ABA No. Account No.

I hereby authorize Plus Point, or its agent(s), to initiate credit or debit entries to my account with the Financial Institution indicated above. This authority is to remain in full force and effect until Plus Point has received written notification from me of its termination in such time and manner as to afford Plus Point and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan(s).

Employee Signature: _____ Date: _____