



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM FOR FSA/HRA/QTB REIMBURSEMENTS

Sign-up today for Direct Deposit. Complete this form or sign-up online.

Employer Name: _____

Employee Name: _____

Phone Number: _____ Email: _____

Action: Initial Setup Change Termination Effective: _____

DEPOSITORY (BANK)

Name: _____

City: _____ State: _____ Zip: _____

Transit/Aba No.: _____ Account No.: _____

Checking Account Savings Account

******ATTACH A PRE-PRINTED VOIDED CHECK HERE******
(Check must fit in this box, or attach separately)

I (We) certify that I (We) have read and understand the Terms and Conditions on the back of this form. By signing this agreement, I (We) hereby authorize **Mangrove** to initiate credit entries to our Checking/Savings account indicated above for the purpose of reimbursements from my Account(s) and to initiate if necessary, debit entries and adjustments for any credit entries made in error. **Please attach and mail or fax a voided personal check along with this completed form to set up your account or when making any changes to your account.**

This authority is to remain in full force and effect until **Mangrove** and DEPOSITORY has received written notification from us of its termination in such time and in such manner as to afford **Mangrove** and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE

DATE

If this account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

SIGNATURE

DATE

TERMS AND CONDITIONS FOR PARTICIPATION IN THE DIRECT DEPOSIT PROGRAM

You have the option of (1) having your authorized reimbursements for your Reimbursement Account(s) deposited directly into your account at your financial institution or (2) receiving a check for authorized reimbursements. If you choose to participate in this Direct Deposit Program, you will need to complete the Authorization Form and return it to Mangrove via mail or fax. Please read the following terms and conditions for participation carefully before making your decision.

1. Your financial institution must be a member of an Automated Clearing House (ACH) before you can participate in any direct deposit program. Call your bank to make sure they will accept direct deposits.
2. This direct deposit authorization form must be signed and dated and returned to Mangrove with a copy of a voided check or bank spec sheet before you can participate in this Program. **If you have a joint account, both parties must sign the form.**
3. Once Mangrove receives the form there may be a 2-reimbursement cycle delay before the reimbursements begin being deposited directly into your account. You will receive checks for any reimbursements before that time.
4. You will be notified via email when an electronic transfer is made to your account, if you provide an email address to Mangrove. The standard turnaround time between the time the funds are transferred and they have been deposited in your bank is two banking days. **Make sure the deposit has been made to your account before you withdraw the funds.**
5. If an electronic transfer is returned to Mangrove or cannot be made to your account, Mangrove will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check will be mailed to you. You will continue to receive your reimbursements by mail until the situation is resolved. You will be notified of any action taken.
6. It is your responsibility to notify Mangrove of any change to your account immediately. Complete this form indicating that the action is a CHANGE, and return it to the address on the form. Once received, again there may be a delay up to two weeks before the new information will be processed. You will receive checks for any reimbursements before that time.
7. You can cancel participation in this Program at any time. To cancel participation, complete this form indicating the action is a CANCEL, and return it to the address on the form. Your participation will be cancelled as of the effective date on the form or as soon as the form has been received and processed, whichever one is later.
8. Your financial institution or Mangrove may cancel this agreement. Your participation will be cancelled automatically if your employment is terminated or if you terminate participation in the above Account(s).
9. You must submit a new form for each plan year if you re-enroll in the above account(s).

Questions? Call Mangrove at 888-862-6272.

RETURN THIS COMPLETED FORM TO:

MANGROVE - BENEFITS DIVISION
945 Lakeview Pkwy., Suite 170
Vernon Hills, Illinois 60061
Fax: 847-223-7343
Email: processingteam@emangrove.com