

# Direct Deposit Authorization Agreement

**Participant name:** \_\_\_\_\_ **Company name:** \_\_\_\_\_

I hereby authorize BMO Benefit Services to directly deposit all reimbursements to the financial account indicated below. I verify that this is a personal account and that I am listed as account holder. I authorize credit entries: and, if necessary, debit entry adjustments for any credit entries made in error to my account.

**Intent of this authorization agreement is to:**

**Set-up** direct deposit     **Change** current direct deposit     **Cancel** direct deposit

**Checking account**

Checking account – a voided **check** must be attached.

This form will not be processed without a voided check.  
Deposit tickets are not accepted.

**Savings account** — please contact your financial institution for appropriate account and routing numbers. Routing numbers listed on deposit slips are NOT suitable for setting up direct deposit. Attach a document from your financial institution indicating the required account information.

**I understand that:**

- Reimbursements cannot be made to third parties or business accounts.
- This authorization will remain in full force until BMO Benefit Services receives written notification of change or cancellation.
- Direct deposit transactions are initiated the same day reimbursement checks are issued but it may take up to two (2) business days after that date before my financial institution credits my account.
- It is my responsibility to verify the funds are in my account before I expend them.
- BMO Benefit Services is not responsible for any bank fees related to expenditures made before the actual ACH deposit becomes available.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

**Mailing Address:**  
BMO Benefit Services  
PO Box 2517  
Appleton, WI 54912-2517

Phone: 800-236-3539  
Fax: 888-244-2759  
Email: [bmoflex@bmo.com](mailto:bmoflex@bmo.com)  
Website: [bmoflex.com](http://bmoflex.com)

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