

Attention: Linda @ CPA

Cafeteria Plan Advisors, Inc.
420 Washington St. Suite 100
Braintree, MA 02184
Fax: 781-848-8477
www.CPA125.com

**Not needed if already enrolled in
Direct Deposit with CPA, Inc.**

Direct Deposit Authorization

Have your reimbursements deposited directly to your checking or savings account, complete and sign below.

Attach a copy of a cancelled or voided check to this form. If faxing the Authorization form, be sure to fax this page as well.

I hereby authorize Cafeteria Plan Advisors, Inc. to deposit my claim reimbursements directly to my bank. I also authorize drafts to adjust any over-deposits that were credited to my account.

Name: _____ Employer: _____

E-Mail Address: _____

Name of Bank: _____

Checking:

Savings:

Routing Number (9 digits): _____

Account Number: _____

Signature: _____

Date: _____

Note: You must notify us immediately of any change to your bank account.

Place copy of cancelled or voided check here