

Direct Deposit Authorization of Reimbursement Claims

For Employee/Participant

Employee/Participant Name: _____ Employee SSN: _____

Company Name: _____

I hereby authorize Corporate Planning Network, Inc., (CPN) to initiate credit entries to my:

Checking account or Savings account

indicated below and the depository named below (Depository) to credit the same to such account.

****An actual *voided check* must be attached****

Staple voided check here

*This form will **NOT** be processed without a voided check*

Account Number: _____

Depository (Financial Institution): _____ Branch: _____

City: _____ State: _____

Bank ACH Transit Routing Number: _____

This authority will remain in full force and effect until Corporate Planning Network, Inc. has received written notification from me of its termination in such time and in such manner as to afford Corporate Planning Network, Inc. a reasonable opportunity to act on it. Corporate Planning Network, Inc. is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature: _____ Date: _____

ONLY the Employee/Participant signature MUST be on form or the request will not be processed and will be VOIDED.

Fax/Scan and E-mail or Mail to:

Fax: 1.901.756.8322

E-mail: claims@cpnflex.com

**Mail to: CORPORATE PLANNING NETWORK, INC.
PO Box 1748 · Cordova, TN 38088**