

City of Newton Flexible Spending Direct Deposit

**Deposit your reimbursements directly to your checking or savings account.
Claim payments are processed WEEKLY for all Direct Deposit accounts.**

Complete and sign below.

Attach a voided check to this Authorization form. (If you fax the Authorization form, be sure to fax this page and a copy of the voided check.)

I hereby authorize Cafeteria Plan Advisors, Inc. to deposit my claim reimbursements directly to my bank.

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 voided check here: