

**AUTHORIZATION FOR FLEXIBLE BENEFITS  
DIRECT DEPOSIT REIMBURSEMENT**

**Employee Name** \_\_\_\_\_

**Employee SSN** \_\_\_\_\_

**Employer** \_\_\_\_\_

I hereby authorize Rehn & Associates to initiate credit entries to my: (check one)

\_\_\_\_\_ Checking Account   or   \_\_\_\_\_ Savings Account

as indicated below and the depository named below to credit the same to such account.

**ACCOUNT NUMBER** \_\_\_\_\_

**DEPOSITORY** \_\_\_\_\_  
(Financial Institution)

**Branch** \_\_\_\_\_      **City** \_\_\_\_\_      **State** \_\_\_\_\_

This authority will remain in full force and effect until Rehn & Associates has received written notification from me of its termination in such time and in such manner as to afford Rehn & Associates a reasonable opportunity to act.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**\*\*AN ACTUAL VOIDED CHECK MUST BE ATTACHED \*\***

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct ACH transit routing number from your financial institution.

**BANK ACH TRANSIT ROUTING NUMBER**

\_\_\_\_\_

**Fax or mail to:  
1-(509)-535-7883  
Rehn & Associates  
Attn: Cheryl Holcomb  
PO Box 5433  
Spokane, WA 99205**