

Direct Deposit Authorization

Instructions: To have your plan reimbursements electronically transferred into your bank account via direct deposit, please complete all required fields and attach a voided check. Please note that your first reimbursement following submission of this form may still be paid by standard check (pre-note) in order to allow your banking institution the time required to verify account information. Completed Direct Deposit Authorization Forms may be submitted to your employer or directly to SuperiorUSA.

SECTION 1: EMPLOYEE INFORMATION (Please Print)

Name (Last, First, MI)		Social Security Number	Date of Birth	
Employer	Home Phone	Secondary Phone	Email Address	
Home Address		City	State	Zip

SECTION 2: FINANCIAL INSTITUTION AND ACCOUNT INFORMATION (Please Print)

Action Requested: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change/Update Authorization <input type="checkbox"/> Cancel Authorization			
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
Financial Institution Name		Financial Institution City, Street, Zip	
Bank Routing Number *		Account Number	

**The Bank Routing Number is a nine digit number located in the bottom left-hand corner of your check*

SECTION 3: EMPLOYEE SIGNATURE

I, the undersigned, hereby authorize SuperiorUSA and the financial institution named below to initiate credit entries for plan reimbursements to the account indicated below, and to initiate, if necessary, debit entries and appropriate adjustments for any credit entries to the account indicated below. This authorization will remain in full force and effect until SuperiorUSA receives written notification of my intent to cancel this authorization in such time and in such a manner as to afford SuperiorUSA and the financial institution a reasonable opportunity to act on it.

Employee Signature: _____ **Date:** _____

A VOIDED CHECK MUST BE ATTACHED

Completed forms may be submitted to your employer or sent to SuperiorUSA via fax (218-725-9161 or 877-422-5192), email (flexservices@superiorusa.com), or mail at:

**SuperiorUSA Corporation
Flexible Benefits Department
525 Lake Avenue South, Suite 410
Duluth, MN 55802**