



<b>Banking Type</b>	
For use with Section 125, 105 or 132 plan participant reimbursements issued by WageWorks	
<b>PLEASE SELECT ONE:</b>	
<input type="checkbox"/>	We have elected to utilize the <b>WageWorks Master Account</b> for our group banking. I authorize WageWorks to use the information provided below for reimbursement of approved claims paid by WageWorks on our behalf.
<input type="checkbox"/>	We have elected to utilize the <b>Employer Banking</b> option for our group banking. I authorize WageWorks to cut checks on our behalf for approved claims using the information provided below. I authorize this same account to be used for Benefit Card transactions. We will provide WageWorks with an authorized signature in electronic format and checks will be printed on plain check stock using MICR toner. An initial debit in the amount of \$1 will be assessed to the Employer's bank account to verify that the account is valid and functioning.
Starting check number: _____	

<b>Company Information</b>	
Company Name _____	
Finance/Banking Contact Name _____	
Phone _____	Fax _____ Email _____

<b>Bank Information</b>	
Employer Bank Name (Depository) _____	
Branch (if applicable) _____	
City _____	State _____ Zip _____
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Routing Number _____	Account Number _____

<b>Invoicing</b>	
All invoices for monthly administration fees will be sent to the email address provided in the Company Information Section. Please select an Invoice Payment Method below.	
<input type="checkbox"/>	I authorize WageWorks to use the banking information provided above for the payment of monthly administration fees.
<input type="checkbox"/>	I would prefer to pay the monthly administration fees by check and understand the terms are net payable in 30 days.

<b>Authorization</b>	
I (we) hereby authorize WageWorks, to initiate debit entries to our Bank Account indicated above at the named depository financial institution, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until WageWorks has received written notification from the Company of its termination in such time and in such manner as to afford WageWorks and DEPOSITORY a reasonable opportunity to act on it.	
Name(s) _____	Date _____
(Please Print)	
Authorized Signature _____	

**\*\*Remit 1 copy to WageWorks and 1 copy to your bank\*\***