

## **EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM**

Save time and hassle by signing to have BPC-issued reimbursements deposited directly into the account of your choice. If you already have reimbursements issued this way, you do not need to sign up again. There are two ways to sign up:

- 1. **Online Authorization:** You may enter your banking information online by logging in to the BPC web portal (bpc.wealthcareportal.com), and clicking on Reimbursement Preference under the Claims dropdown menu. You may need to Register if you have not already done so. Online authorization will take immediate effect.
- 2. **Paper Authorization:** You may also sign up by completing the form below and submitting via mail to the address at the bottom of this page. Please allow 3-5 **business days** for processing of paper forms before new method or account will take effect.



I hereby authorize BPC, Inc. to initiate credit entries for my Flexible Spending Accounts, Health Reimbursement Arrangements and/or Transportation and Parking accounts to the bank account indicated below and the depository named below, hereinafter called DEPOSITORY. If any credit entries are made in error, this authorization shall allow BPC to initiate corrective debits against the depository account.

DEPOSITORY (BANK) NAME		
CITY	STATE	ZIP
ROUTING NUMBER	ACCOUNT NUMBER	
DEPOSITORY ACCOUNT TYPE:  ☐ CHECKING ☐ SAVINGS		Account Number Check
This authority is to remain in full for from me of its termination in such ting a reasonable opportunity to act on it	me and in such manne	
COMPANY NAME: (please print)		
EMPLOYEE NAME: (please print)		
EMPLOYEE E-MAIL:	PHONE:	
EFFECTIVE DATE:	SSN: XXX-XX	
SIGNATURE:	DATE AUTHORIZED:	
BPC		

ACCOUNT INFORMATION: