



State of Florida Direct Deposit Employee Authorization Form



Please contact Chard Snyder at 855-824-9284 if you need assistance with completing this form. You may also visit our website by clicking on the *FSA & HSA Information* quick link on the People First website.

PARTICIPANT INFORMATION (PLEASE PRINT)		
Please Note: This information is used for processing this form only. Please go to PeopleFirst.MyFlorida.com to make any changes to your profile information.		
First Name	Home Phone () -	
Middle Initial	Work Phone () -	
Last Name	Date of Birth (mm/dd/yyyy)	/ /
People First ID		
Email Address		
Address		
City	State	ZIP Code

BANK ACCOUNT INFORMATION (PLEASE PRINT)		
Direct Deposit – Used for claim reimbursement directly to your personal bank account. NOT to be used for HSA accountholders trying to link a personal bank account.		
Bank Name: _____	<u>Select One:</u> <input type="checkbox"/> Begin Direct Deposit <input type="checkbox"/> Change Bank Information <input type="checkbox"/> Cancel Direct Deposit	<u>Account Type (Select One):</u>
Bank Routing Number 9 Digits (Include All Zeros): _____		<input type="checkbox"/> Checking
Bank Account Number (Include All Zeros): _____		<input type="checkbox"/> Savings

EMPLOYEE AUTHORIZATION & ACKNOWLEDGEMENT	
<ul style="list-style-type: none"> My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose. I permit Chard Snyder to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and/or debit the same to such account. I will not hold Chard Snyder responsible for any delay or loss of funds as a result of incorrect or incomplete information supplied by me, my employer or my financial institution or as a result of an error on the part of my financial institution in depositing funds to my account. Chard Snyder reserves the right to collect a \$25 processing fee for transaction returns and reserves the right to change this fee periodically. Chard Snyder is not responsible for any fees that may be incurred and charged to me by my financial institution. Direct deposit of my reimbursements shall commence within four (4) weeks of receipt of this form. My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal as a result of incorrect bank information, cancellation of direct deposit by my employer or in the event that processing fees are incurred and are unpaid for a period of 60 days. 	
I hereby agree to and understand the information on this form and authorize Chard Snyder to complete my request.	
Signature	Date / /

SEND THIS COMPLETED FORM TO CHARD SNYDER VIA ONE OF THE FOLLOWING METHODS:	
Fax: 888.245.8452 (Please DO NOT include a fax cover page)	Mail: 6867 Cintas Boulevard, Mason, OH 45040