

# The Cafeteria Plan Company

A Division of Retirement Strategies, LLC

## Authorization Agreement For Direct Deposit of Your Cafeteria Plan Reimbursement

As an employee and participant in the below Employer's Cafeteria Plan, I (we) hereby authorize The Cafeteria Plan Company, a division of Retirement Strategies, LLC, hereinafter called "Company," to initiate credit entries to my (our) Checking account \_\_\_\_\_ or my (our) Savings account \_\_\_\_\_ at the depository named below, hereinafter called "Depository," to credit the same from such account.

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exact Name on Account: \_\_\_\_\_

Depository (Bank) Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Printed Name of Account Signatory (ies):**

**Social Security Number:**

1) \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

2) \_\_\_\_\_

1) \_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

2) \_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

When completed, mail this form with voided check to:

The Cafeteria Plan Company  
500 Fourth Street NW, Suite 301  
Albuquerque, NM 87102

Or fax copy to: 505-247-0568. Questions? Call 505-822-9300

**Note:**

The routing number on your check is the first set of numbers on the bottom left-hand and the account number is the next set of numbers. The third set of numbers is the check number that is reflected at the top of your check in the upper right-hand corner.