

**You can repay ineligible debit card expenses directly from your checking account. Save your time, your postage, and your checks!**

Complete this form to authorize Swerdlin to directly debit your checking or savings account for the amount you indicate.

## Employee/Participant Information

Name: \_\_\_\_\_ Last four of Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

## Financial Information

Use the bank information I have on file for direct deposit

Use the bank information below

Bank Name: \_\_\_\_\_

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

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

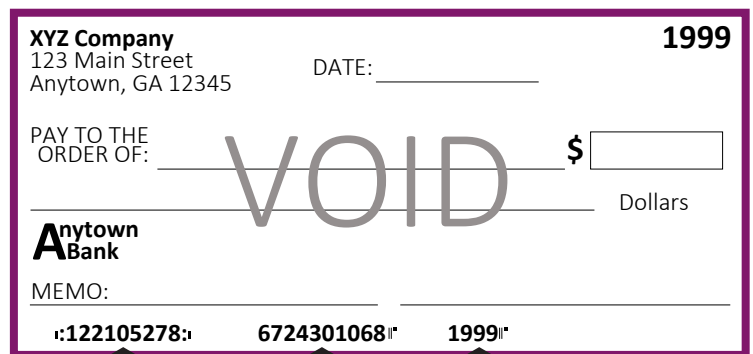
9 Digit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Please include a voided check with this authorization form for verification of your account number.

Refer to the diagram below for the Routing and Account number.



Routing Number  
9-Digits

Check Account  
Number

Check Number

## Transaction Detail

Transaction ID# (if available): \_\_\_\_\_

Total Charge: \_\_\_\_\_

Amount Ineligible: \_\_\_\_\_

## Authorization

I hereby authorize Swerdlin & Company to initiate a one-time debit entry to this account in the amount indicated above as ineligible. I hereby authorize the financial institution named above to debit the same to such account.

In the event that Swerdlin & Company debits my account erroneously, I authorize Swerdlin & Company to make any debit or credit necessary to correct the error.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_