Magnuson, McHugh & Company, P.A.
CPAs and Consultants

This authorization will remain in effect until Magnuson, McHugh & Co. has received written notification of a change or termination.

DO NOT <u>resubmit</u> this form unless your banking information has changed.

Direct Deposit Authorization of Reimbursement Claims

<u>Employee/Participant</u>

Name: _____ Participant SSN: _____

I hereby authorize Magnuson, McHugh & Co., P.A. to initiate credit entries to the

☐ Checking account ☐ Savings account

as indicated below and the depository named below (Depository) to credit the same to such account.

**Please note that before the ACH option takes effect a pre-notification transaction needs to be sent to the bank for approval. Therefore the next disbursement after this election will still come in the form of a check. The remaining payments will be via ACH. Any ACH transactions stopped by the bank will cancel your ACH election until corrections can be made.

$$ An actual *voided check* must be attached $$

Staple voided check here

This form will not be processed without a voided check

Depository (Financial Institution) _____

City, State, Zip _____

Bank ACH Routing Transit Number:_____

Bank Account number: _____

This authority will remain in full force and effect until Magnuson, McHugh & Co., P.A. has received written notification from me of its termination in such time and in such manner as to afford TPA a reasonable opportunity to act on it.

Signature: _____ Date: _____

Magnuson, McHugh & Co. is not responsible for any bank fees related to expenditures made before the actual ACH deposit is in your account. It is your responsibility to verify that the funds are available before you expend them.

Return by mail to: Magnuson, McHugh & Co., P.A.
PO Box 2260
Coeur d'Alene, ID 83816-2260