



melody
BENEFITS

Direct Deposit Authorization Form

Remittance Information

Fax: 781-693-9531

Email: claims@Melodybenefits.com

Employee Name: _____

Employer: _____

Primary Phone: _____ Last 4 digits of SSN: _____

Email: _____

(Email is required to receive important account notifications)

It is critical that the information below is accurate and that checking or savings account is indicated.

I hereby authorize Melody Benefits to deposit funds directly to my (please check one):

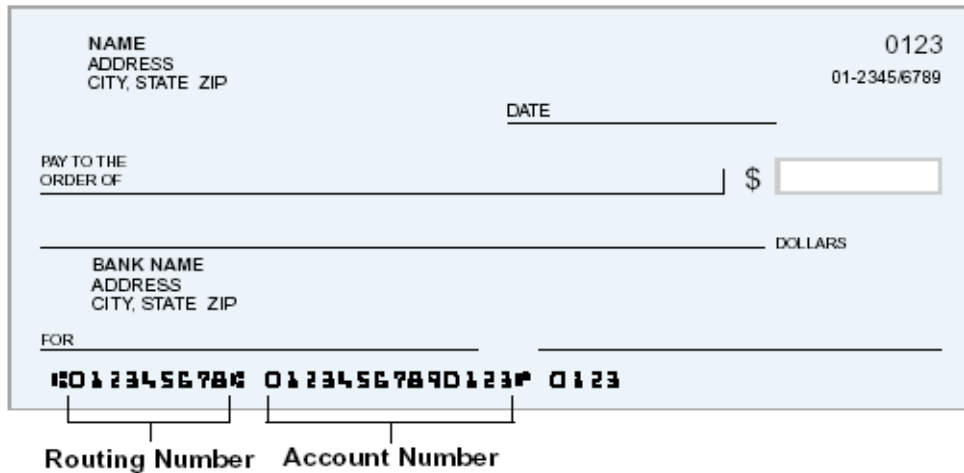
Checking Account

Savings Account

Bank Name: _____

Account Number: _____ Routing Number: _____

See Sample Check below to help locate you 9 digit routing number and your bank account number.



I authorize Melody Benefits to initiate credit entries and adjustments for any credit entries made in error to my account shown above. This authorization will remain in effect until _____ receives written termination notification of direct deposit or the plan year ends.

Employee Signature: _____ Date: _____