



**PROFICIENT™**  
BENEFIT SOLUTIONS

# Authorization Agreement for Direct Deposit

## SECTION 1: PARTICIPANT INFORMATION (Please Print)

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

SSN: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

## SECTION 2: DIRECT DEPOSIT AUTHORIZATION

I/We authorize Proficient Benefit Solutions to initiate credit entries and when necessary, adjustments for any credit entries made in error to the below account. I/We understand this authorization will remain in full force and effect until Proficient Benefit Solutions has received written notification to terminate.

Name(s): \_\_\_\_\_  
Please Print

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

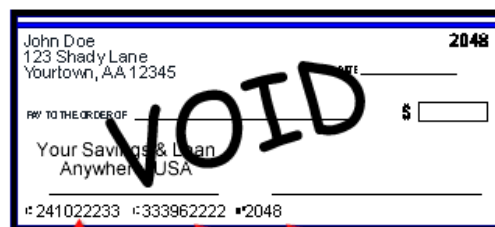
Account Type: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Joint account holder, if applicable)

**A voided check is required when establishing direct deposit with this form OR  
setup direct deposit anytime at <https://proficientconnect.wealthcareportal.com>.**

PLEASE TAPE A PRE-PRINTED VOIDED CHECK HERE:



<b>Routing Number</b> 241022233 (9 digits: begins w/ 01-12 or 21-32)	<b>Account Number</b> 333962222	<b>Check Number</b> 2048
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## SECTION 3: PARTICIPANT AUTHORIZATION & ACKNOWLEDGEMENT (Please Sign and Date)

I hereby authorize Proficient Benefit Solutions to execute this request to establish direct deposit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_