

Repayment Authorization Form



Use this form to authorize an ACH repayment from your account:

Participant's Name: _____
Last First M.I.

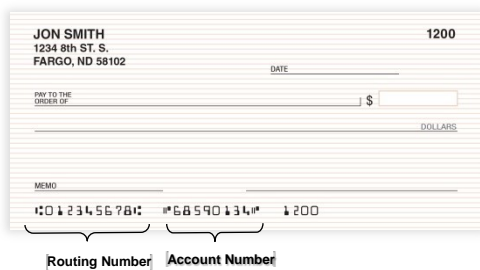
Employer: _____

Approved ACH Amount: \$ _____

**Please note, the ACH amount must match the amount owed exactly. We cannot apply more or less than what is requested.*

Bank: _____ Checking Account: _____ Savings Account: _____

Routing Number: _____ Bank Account Number: _____



The bank account information must match what is currently in the system for your Direct Deposits. If you need to update your information, please log into your account at www.121Benefits.com and update/enter your direct deposit information. Once the information matches, 121 Benefits will initiate your repayment request.

If you have questions, please contact Customer Service at 612-877-4321 or 800-300-1672.

Authorization

I authorize 121 Benefits to transfer funds for a repayment request on my Flexible Benefits plan.

Account Holder Signature: _____ Date: _____

Best way to contact you if we have questions: _____

Mail or Fax Completed Form to the Disbursement Department:

Fax: 612.877.4323
Toll Free: 844.855.5501
Address: 121 Benefits
730 2nd Ave. South, Suite 400
730 Building
Minneapolis, MN 55402

Due to the nature of this information, we are unable to accept this form via email