

Direct Deposit Authorization of Reimbursement Claims For Employee/Participant

Employee/Participant Name:

Employee SSN:

Company Name:

I hereby authorize MHM Resources, Inc. to initiate credit entries to my:

Checking account or Savings account

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 prenotification 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. Then 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 be not be processed without a voided check

Account Number:

Depository (Financial Institution):

Branch:

City:

State:

Bank ACH Transit Routing Number:

This authority will remain in full force and effect until MHM Resources Inc. has received written notification from me of its termination in such time and in such manner as to afford MHM Resources a reasonable opportunity to act on it. MHM Resources is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Signature: _____ **Date:** _____

Fax or mail to:

1-913-234-1111

**MHM Resources Inc., Attn: PR Accounting
PO Box 7969, Leawood, KS 66207-0969**