

## AUTHORIZATION FOR AUTOMATIC REIMBURSEMENT DEPOSIT

Employee Name \_\_\_\_\_

Employee SSN \_\_\_\_\_

Employer \_\_\_\_\_

I hereby authorize Rehn & Associates to initiate credit entries to my \_\_\_\_\_ checking account or \_\_\_\_\_ savings account indicated below and the depository named below to credit the same to such account.

ACCOUNT NUMBER \_\_\_\_\_

DEPOSITORY \_\_\_\_\_  
(Financial Institution)

Branch \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

This authority will remain in full force and effect until Rehn & Associates has received written notification from me of its termination in such time and in such manner as to afford Rehn & Associates a reasonable opportunity to act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*AN ACTUAL VOIDED CHECK MUST BE ATTACHED \*\***

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct ACH transit routing number from your financial institution.

**BANK ACH TRANSIT ROUTING NUMBER**

\_\_\_\_\_

Fax or mail to:

**1-(509)-535-7883**

Rehn & Associates  
Attn: Jodi Wallet  
PO Box 5433  
Spokane, WA 99205