

**L.R. Webber Associates  
Reimbursement Authorization Form  
FSA and DCA Reimbursement Plan**

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

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

I elect to receive disbursements from my FSA and DCA reimbursement plan in the following manner:

- Deposited directly into my account (choose one account type)

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

Bank Routing # \_\_\_\_\_

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Please attach a copy of a voided check

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date