

## Client Directed Services Expense Reimbursement Direct Deposit Form

To enroll in Electronic Expense Reimbursement, fill out this form and **return with a voided check** from the checking account you designate below. Please return the filled out form and attached check to MRCI by one of the following options listed to the right.

Email: [claims@mymrci.org](mailto:claims@mymrci.org)  
 Fax: 888-800-7336, Attn: ACH Forms  
 Mail: Attn: ACH Forms  
 MRCI  
 P.O. Box 328  
 Mankato, MN 56002

**Vendor:**

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(Name)

(Telephone Number)

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(Address)

(City)

(State)

(Zip Code)

Email Address for Remittance Confirmation/Detail:

**Financial Institution Information:**

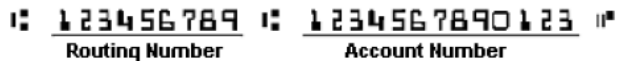
(Name of Financial Institution)

(Address of Financial Institution)

Financial Institution Routing Number:

Checking/Savings Account Number:

As found on the bottom of your check:

  
 Routing Number                      Account Number

I hereby authorize MRCI WorkSource, Inc. (MRCI) to initiate entries to my checking/savings account at the financial institution listed above (The Financial Institution), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until MRCI is notified by me in writing to cancel authorization in such time as to afford MRCI and The Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date