

**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
Fax: 888-800-7336, Attn: ACH Forms
Mail: Attn: ACH Forms
MRCI
1961 Premier Drive, Suite 318
Mankato, MN 56001

Vendor:

(Name)

(Telephone Number)

(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:

Savings Account Number:

Checking Number:

As found on the bottom of your check:

⑆ 123456789 ⑆ 1234567890123 ⑆
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