

# Repayment Authorization Form

Use this form to authorize an ACH repayment from your account:

Participant's Name: \_\_\_\_\_  
Last First M.I. Employee ID#

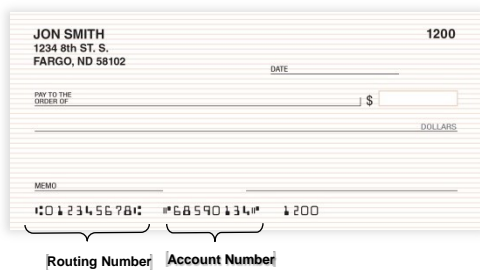
Employer: \_\_\_\_\_

Approved ACH Amount: \$ \_\_\_\_\_

*\*Please note, the ACH amount must match the amount owed exactly. We cannot apply more or less than what is requested.*

Bank: \_\_\_\_\_ Checking Account: \_\_\_\_\_ Savings Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_



The bank account information must match what is currently in the system for your Direct Deposits. If you need to update your information, please log into your account at [www.121Benefits.com](http://www.121Benefits.com) and update/enter your direct deposit information. Once the information matches, 121 Benefits will initiate your repayment request.

If you have questions, please contact Customer Service at 612-877-4321 or 800-300-1672.

## Authorization

*I authorize 121 Benefits to transfer funds for a repayment request on my Flexible Benefits plan.*

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best way to contact you if we have questions: \_\_\_\_\_

## Mail or Fax Completed Form to the Disbursement Department:

Fax: 612.877.4323  
Toll Free: 844.855.5501  
Address: 121 Benefits  
730 2<sup>nd</sup> Ave. South, Suite 400  
730 Building  
Minneapolis, MN 55402

Due to the nature of this information, we are unable to accept this form via email