



Claim Reimbursement Form

Transit, Parking, Commuter

Complete the form below and provide proof of expense for the claims listed below. Claims submitted without proof of expense are not reimbursable. A copy of a bill or other written statement from the provider of service is acceptable. Please be sure to attach a complete itemized bill. Your reimbursement check will be mailed to the address listed below unless you are enrolled in direct deposit reimbursements.

Personal Information

(Please print clearly)

Employer: _____

Employee Full Name: _____

Social Security Number: _____ Cell Phone#: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Claim Information

Type of Expense: _____	Date of Expense _____	Amount: _____
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Type of Expense: _____	Date of Expense _____	Amount: _____
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Type of Expense: _____	Date of Expense _____	Amount: _____
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Type of Expense: _____	Date of Expense _____	Amount: _____
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Type of Expense: _____	Date of Expense _____	Amount: _____
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Please Reimburse via Direct Deposit	Please Reimburse via Check	Total: _____
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I have submitted a Direct Deposit Reimbursement form

Participant Signature: _____ Date: _____

- By signing this form, I agree to have my account reduced by the amount requested.
- This claim for reimbursement is only for expenses incurred by eligible plan participants during the plan year.
- These expenses have not been reimbursed nor will I seek reimbursement for these expenses from any other source.
- If additional information is required you will receive a denial letter letting you know what additional information is needed.
- Mail/email/fax all documents to the contact information.

FBA National
100 Quentin Roosevelt Boulevard
Suite 403, Garden City, NY 11530
Phone: (855) 374-6431
Fax: (833) 930-1024

email the completed form to: claims@fbaofsyosset.com



DIRECT DEPOSIT REIMBURSEMENT AUTHORIZATION AGREEMENT FORM

Complete the form below and provide a copy of a void check or a direct deposit authorization form from your bank. If you do not provide either of these documents, you will not be enrolled in direct deposit reimbursements (please print clearly).

Please Select One: Set Up New Direct Deposit Account Change Direct Deposit Account Cancel Direct Deposit

EMPLOYEE INFORMATION

Employer Name:

Employee Social Security Number:

Last Name: _____ First Name: _____ MI: _____

Address:

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

BANK ACCOUNT INFORMATION

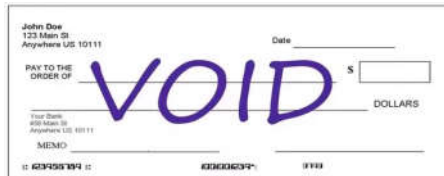
Account Type (Select One): Checking Account Savings Account

Name of Bank:

Bank Routing #:

Account #:

Please allow 7-10 days after receipt by FBA for bank pre-notification to be completed. Please provide a void check with your completed Authorization form.



AUTHORIZATION AGREEMENT

I hereby authorize FBA of Syosset, LLC to initiate credit entries to the bank account indicated above and, if necessary, to initiate debit entries and adjustment for any credit entries made in error to my account. This authorization is to remain in full force and effect until FBA of Syosset has received written notice from me of its termination and has had a reasonable opportunity to act on it. I understand that this authorization cannot be processed unless it is completed in full and returned to FBA of Syosset. By authorizing any direct deposits, I certify that the reimbursed expenses qualify for reimbursement under IRS regulations, are for a qualifying individual, and will not be reimbursed from any other source.

Signature: _____ Date: _____

**Please return completed form and documents to FBA
Retain a copy for your files. Please email or fax the completed
authorization form to the below:**

FBA National
100 Quentin Roosevelt Blvd Suite 403
Garden City, NY 11530
Fax: (833) 930-1024
Phone: (855) 374-6431

email the completed form to: claims@fbaofsyosset.com