



Authorization for Direct Deposit For Short Term Disability

I authorize AultCare to deposit my pay automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error.

Name on bank account: _____

Bank Name: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Employee or Company Signature: _____

Date: _____

- P.O. Box 6910 / Canton, OH 44706
- PHONE: 330-363-6360 / TOLL FREE: 1-800-344-8858
TTY LINE: 330-363-2393 / 1-866-633-4752 for the hearing impaired
- WEBSITE: www.aultcare.com
- EMAIL YOUR FSA CLAIMS TO ancillaryclaimsservices.com