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## Direct Deposit Instructions

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-Should you elect to have your monthly reimbursement deposited into your **checking** account, we ask that you also submit a voided check with your paperwork.

-Should you elect to have your reimbursement deposited into your **savings** account, we ask that you submit a deposit slip with your authorization form.

-Should you not have either a voided check or deposit slip, please feel free to submit a letter from your financial institution verifying your routing number and account number.

Please submit information via email: [santamonicacity@bpabenfits.com](mailto:santamonicacity@bpabenfits.com) or fax: (562) 463-5894

Please feel free to contact our office should you have any questions at (800) 828-0223.

Thank you.