



DIRECT DEPOSIT APPLICATION

To receive your reimbursement as a direct deposit to your personal checking or savings account, please complete the form below.

Please return completed form with an original voided check.

Name of Employer: _____

Name: _____

Social Security Number: _____

Name of Bank: _____

Bank Address: _____

Bank City, State and Zip: _____

Account #: _____ (ABA) **Routing #: _____

Please check account type: Checking Account Savings Account

Please note, we are unable to transfer ACH reimbursements to federal bank accounts (normally applies to routing numbers that start with the number 4 or higher) If you have further questions, please contact your financial institution

I hereby authorize CGI to deposit reimbursements to the above stated account.

Your Signature: _____ Date: _____

Mail to: CGI Business Solutions
Attn: Benefits Dept.
171 Londonderry Turnpike
Hooksett, NH 03106

Fax to: CGI Business Solutions
Attn: Benefits Dept.
Fax (603) 232-9363
Toll Free (888) 383-0088