



Your Flexible Benefits Organization

DIRECT DEPOSIT AUTHORIZATION FORM

Please submit this completed form to your HR Department along with a copy of a voided check or fax it to (877) 303 – 0742. Deposit slips will not be accepted.

Employee Information:**Employer Name:****Employee Name:****Social Security Number:****Address:****City:****State:****Zip:****Email:****Bank Information:**

I request my section 125 reimbursements to be direct deposited into the following account. I understand this arrangement will stay in place until I submit a change.

Type of Change: **New Account** **Change** - Please update my account with the information below. **Cancel** – This will cancel all future reimbursements from your accounts.

Please note your first reimbursement may arrive via check while the account information is verified with your financial institution. Please allow 7 days for changes to take effect.

Bank Name:**Bank Routing #:****Account#:****Type of Account:** **Checking** **Savings**

I authorize my Section 125 Health FSA and/or Dependent FSA, HRA and/or Transportation (as applies) reimbursement to be sent to the financial institution named above to be deposited in the designated account.

In the event funds are deposited erroneously into my account, I authorize my Section 125 provider to debit my account for an amount not to exceed the original amount of credit.

I understand that all direct deposits are made through the Automated Clearing House (ACH) and that Funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Employee Signature:**Date:**