

DIRECT DEPOSIT AUTHORIZATION

Your Employer:		Your Name:	
Financial Institution:		Social Security Number:	
Bank Account Number:		Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

VOIDED CHECK

STAPLE OR TAPE YOUR VOIDED CHECK HERE.

(Do NOT provide a Deposit Slip)

In the event of a savings account, please contact your bank and ask for the following Direct Deposit information:

Routing Number: _____

Account Number: _____

VOIDED CHECK

Understandings:

- 1) I authorize my employer, Flexible Benefits, Inc., and the financial institutions to deposit my Flexible Spending Account Reimbursements to the account listed above. Further, I authorize reversal of any transactions made in error.
- 2) It is my responsibility to verify receipt of funds. Any errors must be reported to Flexible Benefits, Inc. within THREE (3) banking days of the scheduled disbursement date.
- 3) From time to time it may be necessary to produce a paper check for Reimbursements. Flexible Benefits, Inc. will attempt to notify me directly should this happen. Flexible Benefits, Inc. is not responsible for incorrect addresses, returned mail, or postal service delays.
- 4) If I change bank accounts I must notify Flexible Benefits, Inc. and complete a new Direct Deposit Authorization.
- 5) Flexible Benefits, Inc. requires approximately TEN (10) banking days after receipt of account information to process Direct Deposits, including bank account changes. In some cases it may be possible to process changes in less than ten days. In some cases, more than ten days may be required. Flexible Benefits, Inc. will use the new account as soon as possible after receiving a change.
- 6) This authorization will remain in effect until I give written notice to cancel it. Termination of employment with my employer does not automatically cancel this authorization.

Signature

Date