



Flexible Spending Account Direct Deposit Reimbursement Set-Up Form

Terms and Conditions

You have the option of having your authorized reimbursements for your Reimbursement Benefit(s) deposited directly into your account at your financial institution. If you choose to receive reimbursement by direct deposit, you will need to complete this form and return it to Flex Administrators, Inc. Please read the following terms and conditions:

- 1) Your financial institution must be a member of an Automated Clearing House.
- 2) Standard processing time between when the funds are transferred and when they are deposited into your account is two banking days. It is important to be sure the deposit has been made to your account before you withdraw the funds.
- 3) It is your responsibility to notify Flex Administrators immediately of any changes to your account.
- 4) Notification that your reimbursement has been processed and sent to the bank is by e-mail only.

Please complete the information below:

Employer Name:	
Employee Name:	
Bank Name:	
Account Number:	
Routing Number	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Ownership of Account:	<input type="checkbox"/> Self <input type="checkbox"/> Joint
Check Action:	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel

ATTACH A VOIDED CHECK (not deposit slip) TO THIS AUTHORIZATION FORM

I certify that I have read and understand the Terms and Conditions of the direct deposit service. By signing this agreement, I authorize Flex Administrators, Inc. to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____ Date ____ / ____ / ____

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Signature: _____ Date ____ / ____ / ____