



Flexible Spending Account Direct Deposit Authorization

Benefit Express
P.O. Box 189
Arlington Heights, IL 60006
877-837-5017 PHONE
253-793-3766 FAX

Direct Deposit will help you receive your reimbursement sooner!

PARTICIPANT INFORMATION

Employer Name:	Employer/Location
Employee Name:	(First Name) (Middle Initial) (Last Name)
Social Security Number: (Optional)	
Address: (Only if changing)	(Street Address)
	(Floor or Apt No.)
	(City, State Zip)
	(Daytime Phone Number) (Evening Phone Number)

DIRECT DEPOSIT AUTHORIZATION

I request my Section 125 claim reimbursement direct deposit be placed in the following account:			
Institution	Bank ABA Number	Account Number	Type of Account
			<input type="checkbox"/> Savings <input type="checkbox"/> Checking
<p>You must provide a voided check if you are requesting the funds be deposited into a checking account. Do <u>not</u> use a deposit slip, the number could be invalid.</p> <p>This information is for FSA reimbursement use only and cannot be disclosed to an outside party without proper authorization from the above participant.</p>			

<p>I authorize my Section 125 FSA reimbursements to be sent to the financial institution named above to be deposited in the designated account.</p> <p>In the event funds are deposited erroneously into my account, I authorize my Section 125 administrator to debit my account(s) not to exceed the original amount of the credit.</p> <p>I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the limitations of the ACH as well as my financial institution.</p> <p>This authorization may be terminated at any time with written notification to Benefit Express Services, LLC, with consideration for reasonable time to act on the receipt of such notification.</p>	
<p>_____ Participant Signature</p>	<p>_____ Date</p>

Return this form to address or fax number at the top of the page.