

SAVE A TRIP TO THE BANK!

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION (E-MAIL ADDRESS REQUIRED)

New Enrollment Change Revoke Authorization

Employer Name: _____

Employee Name: _____

Last 4 Digits of Employee SS#: _____

Internet E-Mail Address*: _____

**E-mail address required to elect direct deposit (print clearly).*

Daytime Phone Number: _____

Once your claim has been processed, you should receive a confirmation email. This email will state the amount of your reimbursement and when the funds should be in your account. **It generally takes two business days from the day your reimbursement is processed for the funds to appear in your account.** If the bank rejects a direct deposit due to the account being closed (or incorrect information given to FlexBank), a check will be processed and sent to you via mail within two weeks of your original reimbursement request. However, if your employer requires direct deposit and a rejection occurs, we will need your new account information before your claim can be reprocessed.

PLEASE ATTACH VOIDED CHECK HERE
If you do not have a voided check available, please clearly **PRINT** the following information:

Bank Name: _____

Account Number: _____

Routing Number: _____

(Please obtain the routing number from your check stock or from your bank. Do not use the routing number listed on your deposit slips)

Please circle type of account: Checking Savings

I understand it is my responsibility to notify FlexBank Administrators if I close the account or choose to no longer receive reimbursements via direct deposit. I further understand that I must submit a new authorization form in a timely manner should I change bank accounts. Bank fees incurred due to participant error will be the responsibility of the participant. FlexBank reserves the right to remove funds from the employee's designated account in the event of a processing error.

Employee Signature: _____ Date _____

