3340 Walnut Avenue, Suite #290
Fremont, CA 94538
(800) 533-0113 x 606 (phone)
(510) 795-0858 (fax)
Flex@lipman.com

Direct Deposit Authorization Form

TYPE OF TRANSACTION ☐ New ☐ Change ☐ Cancellation

SECTION 1 (TO BE COMPLETED BY EMPLOYEE)

Employee Name (Last, First, Middle Initial):	Social Security Number (Last 4 Digits): XXX-XX-
Address:	Telephone Number (Work): Telephone Number (Home):
City: State: Zip Code:	Email Address:

SECTION 2 (FINANCIAL INSTITUTION INFORMATION)

Name and Address of Financial Institution:	Name(s) on Account:	
Routing Number/Transit Number*:	Account Number*:	
**Please attach a VOIDED Check for verification.*	☐ Savings -or-	☐ Checking

DEPOSITOR/EMPLOYEE CERTIFICATION

I Certify that I have read and understand this form. By signing this from, I authorize my Reimbursement Account reimbursements to be sent to the financial institution named above and to be deposited in the designated account. Further, Enrollee has elected to receive reimbursement of eligible expenses via direct deposit. Enrollee hereby certifies at the time of this enrollment, and hereby certifies upon each such automatic reimbursement, that such reimbursements are not reimbursable from any other source, nor shall enrollee/participant seek reimbursement from any other source for such expenses.

Signature________________________________ Date____________________