SAVE A TRIP TO THE BANK!

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

	New Enrollment Change Revoke Authorization
Emp	loyer Name:
Emp	loyee Name:
Last	4 Digits of Employee SS#:
Inter	net E-Mail Address*:* *E-mail address required to elect direct deposit (print clearly).
Dayt	ime Phone Number:
amount of you business day account. If the	aim has been processed, you should receive a confirmation email. This email will state the ur reimbursement and when the funds should be in your account. It generally takes two ys from the day your reimbursement is processed for the funds to appear in your ne bank rejects a direct deposit due to the account being closed (or incorrect information Bank), a FlexBank representative will contact you to obtain the new account information.
	PLEASE ATTACH VOIDED CHECK HERE If you do not have a voided check available, please clearly PRINT the following information: Bank Name:
	9 Digit 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. Account Number:
	Please check type of account: Checking Savings
receive reimb form in a time be the respor	it is my responsibility to notify FlexBank, Inc. if I close the account or choose to no longer cursements via direct deposit. I further understand that I must submit a new authorization by manner should I change bank accounts. Bank fees incurred due to participant error will asibility of the participant. FlexBank, Inc. reserves the right to remove funds from the esignated account in the event of a processing error.
	orize FlexBank, Inc. to credit/debit my personal bank account electronically with nts from my account.
Employee Sig	gnature: Date
How to submit via Mail: via Fax:	this form: FlexBank Administrators, 1250 W. Dorothy Lane, Suite 107, Dayton OH 45409 937.299.7992 or 888.677.9373



via Email: Claims@FlexBank.net