Fax Completed Form to: 855-803-4887

You may also mail a completed form to:
PayFlex Systems USA, Inc.,
Flex Dept., P.O. Box 3039, Omaha, NE 68103-3039

Direct Deposit Authorization Form

☐ New Agreement ☐ Change Account ☐ Cancel Agreement

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize PayFlex Systems USA, Inc. (PayFlex) to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until PayFlex has received written notification from me of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan.

Select One: ☐ Checking Account ☐ Savings Account

Financial Institution:

Name _____ **Branch** _____

City _____ **State** _____ **Zip Code**_____-_____

Transit/ABA No. _____ **Account No.** _____
(See example below)

Participant Information:

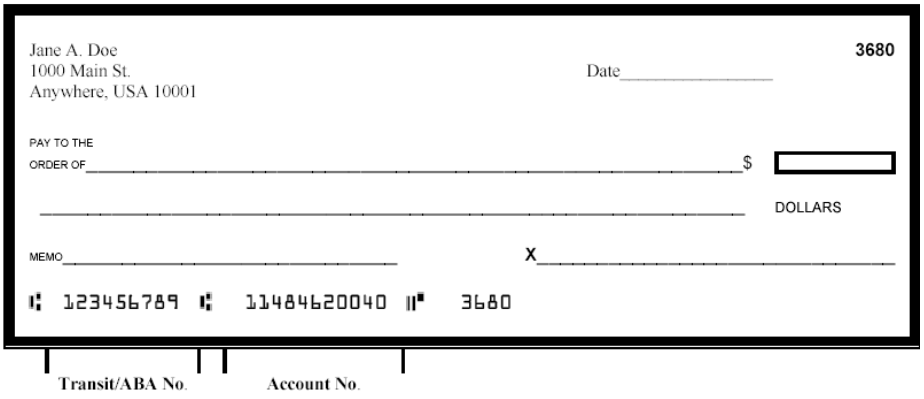
Employer Name _____

Employee Name _____ **Member Number** _____
(This may be your SSN or employer assigned number)

Employee Signature_____ **Date** _____

Attach **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below.



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