



FlexBank, Inc.

1250 West Dorothy Lane, Suite 107
Dayton, OH 45409
Phone: 937-299-5515
Fax: 937-299-7992

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION
(E-MAIL ADDRESS REQUIRED)

New Enrollment Change Revoke Authorization

Company Name: _____

Employee Name: _____

Employee Social Security Number: _____

Internet E-Mail Address*: _____

**E-mail address required to elect direct deposit*

Daytime Phone Number: _____

Direct Deposits will begin approximately 2 weeks after we receive this information. Once FlexBank has processed your claim, you will be notified via e-mail when the funds will be available.

NOTE: If a direct deposit claim is rejected by the bank, (example: *no longer an existing account*) a check will be processed and sent to you via mail two business days after FlexBank receives the rejection notice from the bank. If this situation occurs, all further direct deposits will be suspended until the banking information is corrected by the *employee*. Any bank fees incurred due to participant error will be charged against the participants flex account.

I understand that **ALL** reimbursements will be direct deposited into my account. I further understand that I must timely submit a new authorization should I change bank accounts. Should I fail to submit accurate information to FlexBank, I understand that the bank fees incurred by FlexBank will be charged back to my flexible spending account.

Employee Signature _____ Date _____

To Cancel Authorization: Check the appropriate box at the top of the form, complete company & employee information, sign & date.

PLEASE ATTACH VOIDED CHECK HERE

DEPOSIT SLIPS ARE NOT ACCEPTABLE