

# SAVE A TRIP TO THE BANK!

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

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 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

I understand it is my responsibility to notify FlexBank, Inc. 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, Inc. reserves the right to remove funds from the employee's designated account in the event of a processing error.

I hereby authorize FlexBank, Inc. to credit/debit my personal bank account electronically with reimbursements from my account.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### How to submit this form:

via Mail: FlexBank Administrators, 1250 W. Dorothy Lane, Suite 107, Dayton OH 45409

via Fax: 937.299.7992 or 888.677.9373

via Email: Claims@FlexBank.net

