

Company Code _____

COMPANY NAME: _____

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Information

Last Name, First Name _____		Employee SSN _____	
Address _____		City _____	St _____ Zip _____
<input type="checkbox"/> Address Change			
Email _____		DOB (MM-DD-YYYY) _____	

If you elected to have direct deposit when you enrolled this year, there is no need to complete this form again. However, if your direct deposit information changes, or you have not elected direct deposit already, use this form to update your benefit.

Rules & Instructions

- All direct deposits will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account
- Attach a copy of a voided check to this form.
- Returned items due to incorrect banking information are assessed a \$10.00 fee

Direct Deposit Reimbursements are electronically deposited into your bank account. The first reimbursement will be in the form of a live check to verify account information.	<input type="checkbox"/> Checking Routing # _____ <input type="checkbox"/> Savings Account # _____
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This authority will remain in full force and effect until Flex-Plan Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Flex-Plan Services, Inc. and the banking institution a reasonable opportunity to act on it.

YES, I authorize Flex-Plan Services, Inc. to electronically deposit funds into the above specified bank account.

X _____

Employee Signature

_____ **Date**

Fax completed form to:
FAX: (425) 451-7002 or
toll-free (866) 535-9227

Scan and email form to:
election@flex-plan.com

Mail form to:
Flex-Plan Services, Inc.
PO Box 53250 Bellevue, WA 98015-3250

Customer Service Line: (425) 452-3500 or (800) 669-FLEX Visit our Web site at www.flex-plan.com