COMPANY NAME_____ **Company Code**_____

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Information

_____ _____
Last Name, First Name Employee SSN

_____
Address City St Zip

☐ **Address Change**

_____ _____
Email DOB (MM-DD-YYYY)

IMPORTANT: If your Direct Deposit information was provided when you enrolled this year, there is no need to complete this form. However, if your Direct Deposit information has changed, or if you did not provide Direct Deposit information during enrollment, use this form to elect direct deposit for reimbursements.

Rules & Instructions

- Attach a copy of a voided check to this form.
- 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.
- Returned items due to incorrect banking information are assessed a $10.00 fee.

Direct Deposit Reimbursements are electronically deposited into your bank account.	❑ Checking **Routing #**_____ ❑ Savings **Account #**_____

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 and documentation to:
FAX: (425) 233-6366 or
toll-free (866) 535-9227

Email:
election@flex-plan.com

Mail forms and documentation 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