

(Please complete this form if you are a new FBA participant or if your bank account information has changed in the past year. You don't need to complete this form if you had direct deposit in the last year and your bank account information hasn't changed.)

Employee Information

Employee Name: Social Security # or Employee ID:

Home Telephone: Alternate Telephone (work/cell):

Address:

City: State: Zip:

Email: Name of Employer:

Help us go green! If provided, we will use your email as our primary method of contact.

Bank Account Information

Bank Name: Checking Account*
 Savings Account**

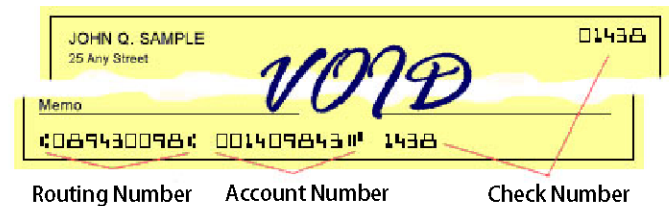
Bank Address:

City: State: Zip:

Name on the Account:

Routing Number:

Account Number:



***Please provide a voided check, we will not process without a voided check.**
****Please provide a copy of your Savings account deposit slip.**

Authorization

I authorize reimbursements from my Section 125 FSA, Dependent FSA, Individual Health Premium, Limited Purpose FSA, or my Section 105 Health Reimbursement Arrangement to be sent to the financial institution named above to be deposited in the designated account.

In the event funds are deposited erroneously into my account, I authorize my Section 125/105/132 administrator to debit my account(s) not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

The IRS regulations state four conditions: 1) Any expenses you incur must be within the plan year; 2) Any expenses you incur must not be covered by any other source, such as insurance; 3) You must provide proper documentation to receive payment; 4) You cannot change or revoke your elections during the plan year unless there is a specific change in status and your employer allows such changes. Please see the Summary Plan Description for details.

Signature: Date:

Please fax, email, or mail completed form with a voided check to:

Fax: 757-431-1155 Email: FlexDivision@flex-admin.com

Flexible Benefit Administrators, Inc. P.O. Box 8188, Virginia Beach, VA 23450

Print Form