

**DIRECT DEPOSIT AUTHORIZATION
FOR FLEXIBLE SPENDING ACCOUNT REIMBURSEMENTS**

PRINT PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

PRINT EMAIL ADDRESS (REQUIRED)

PRINT EMPLOYER NAME

REIMBURSEMENT POLICY:

Claims received by noon on Thursday will typically be processed and available in the bank account of record 3-5 business days from the date of processing. An Explanation of Benefits will be emailed to your email address of record as notification of this transfer. PLEASE CONFIRM RECEIPT OF YOUR DIRECT DEPOSIT BEFORE WRITING CHECKS ON THESE FUNDS. BENEFIT STRATEGIES WILL NOT BE RESPONSIBLE FOR OVERDRAFT FEES ON YOUR ACCOUNT. AGAIN, PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING OF YOUR REQUEST FOR DIRECT DEPOSIT.

First Request for Direct Deposit

Direct Deposit Change

IT IS CRITICAL THAT THIS INFORMATION IS ACCURATE AND THAT CHECKING OR SAVINGS ACCOUNT IS INDICATED.

Checking Account

Savings Account

YOUR FINANCIAL INSTITUTION'S NAME

CITY

STATE

ZIP CODE

9 DIGIT ROUTING NUMBER

AND

BANK ACCOUNT NUMBER

SEE SAMPLE CHECK BELOW TO HELP LOCATE YOUR 9 DIGIT ROUTING NUMBER AND YOUR BANK ACCOUNT NUMBER:



I authorize Benefit Strategies and the financial institution listed below to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account shown below. This authorization will remain in effect until Benefit Strategies has received written notification from me of its change or termination at such time and manner as to afford Benefit Strategies and the financial institution a reasonable opportunity to act on it. PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING OF YOUR REQUEST FOR DIRECT DEPOSIT.

PARTICIPANT'S SIGNATURE

DATE

In order for us to properly process your request, one of the following **MUST** be attached:

- A VOIDED CHECK TO DEPOSIT REIMBURSEMENTS INTO YOUR CHECKING ACCOUNT
- OR
- A DEPOSIT SLIP FROM YOUR SAVINGS ACCOUNT TO DEPOSIT INTO YOUR SAVINGS



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