

## DIRECT DEPOSIT FORM

As a participant in your company's Flex Benefit Plan, you may choose to have Flex and Dependent Care reimbursements directly deposited to your bank account. Funds will be deposited to your bank account 3-5 business days after the claim is processed. *Please note you only need to complete this form once during the initial enrollment into the plan. Disregard at renewal.*

### Please Read First

1. Complete Participant Information
2. Attach a voided check (or a photocopy of a check). We **CANNOT** accept deposit slips.
3. If you do not have a voided check, complete Financial Institution Information.
4. Complete Employee Authorization and send the form along with a copy of the voided check to Employee Benefit Systems (EBS).

### Participant Information

I am (check one):  Beginning  Canceling  Changing  Effective Date: \_\_\_\_\_

Employee Name (First MI Last)

Employer Name

Social Security Number

Daytime Phone

Email Address

### Financial Institution Information

Account Type:  Checking  Savings

Account Number

Transit/ABA Number (9 digits found on the bottom left portion of your check)

Financial Institution Name

Financial Institution Address

City

State

Zip

**ATTACH  
VOIDED CHECK  
HERE**

### Employee Authorization

I hereby authorize my company to directly deposit my Benefit Plan reimbursements to the account identified above. I understand that the notice of deposit is not a guarantee that funds have been received by my financial institution. I acknowledge that this authorization is binding and may only be altered or cancelled upon written notification from me to Employee Benefit Systems (EBS).

Employee Signature

Date