



## Flexible Spending Account/Health Reimbursement Account Direct Deposit Authorization

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Please PRINT Clearly

Employer
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Employee Name	Phone Number	Social Security Number
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Please indicate: <input type="checkbox"/> Initial setup <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Please indicate: <input type="checkbox"/> Checking Account (please attach a VOIDED check) <input type="checkbox"/> Savings Account
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Bank Name	Routing Number	Account Number	Bank Phone
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If you used direct deposit in the prior plan year and your bank account information hasn't changed, just write "SAME" across the area above. **You must still sign and date this form.**

I hereby authorize 3PAdministrators to initiate credit entries, depositing my flexible spending account reimbursements into my designated account. In the event funds are deposited erroneously into my account, I authorize 3PA to debit my account not to exceed the original amount of the credit. This authority is to remain in full force and effect until 3PA has received written notification from me of its termination.

I 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. It is my responsibility to check my bank account for reimbursements. 3PA cannot be held responsible for overdraft charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_