

Ph: 800-437-FLEX or 757-340-4567 P.O.Box 8188 • Virginia Beach, VA 23450 www.flex-admin.com

Direct Deposit Form

(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.)

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 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 excee the original amount of the credit. also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms an imitations 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 to 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 feltails.	Employee Information	
Address: City: State: Zip:	Employee Name:	Social Security # or Employee ID:
Email: Help us go green! If provided, we will use your email as our primary method of contact. Bank Account Information	Home Telephone:	Alternate Telephone (work/cell):
Email: Help us go green! If provided, we will use your email as our primary method of contact. Bank Account Information	Address:	
Bank Account Information Bank Name: Checking Account Bank Address: City: State: Zip: Link Account Number: Ac	City:	State: Zip:
Bank Account Information Checking Account*		
Bank Name: Savings Account* Bank Address: City: State: Zip: State: Zip: Shayated DINORAL Savings Account* Bank Address: State: Zip: Shayated DINORAL Savings Account* Brown on the Account: Savings Account* Brown on the Account: Shayated DINORAL Savings Account* Brown on the Account Number: Account Number: Shayated DINORAL Savings Account* Brown on the Account Number: Account Number Check Number Check Number Check. Brown on the Account Number Account Number Check Number Check Number Check. Brown on the Account Number Account Number Check Number		
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Name on the Account: Name on the Account:	Bank Name:	☐ Savings Account**
Name on the Account: Compared to the Count Number: Check Number Check Number	Bank Address:	
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Signature: Date:	any other source, such as insurance; 3) You during the plan year unless there is a specific	must provide proper documentation to receive payment; 4) You cannot change or revoke your elections
	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