



## DIRECT DEPOSIT AGREEMENT

### INSTRUCTIONS:

1. Complete all information on this form unless otherwise indicated.
2. Attach a check. Please mark **VOID** on the check. Do not use a deposit slip.
3. Sign and date this Agreement
4. Mail, Email or Fax completed Agreement to BeneFlex

/ / NEW ENROLLMENT

/ / CHANGE

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

I wish to have my PLAN REIMBURSEMENTS deposited with the bank and to the account number listed below:

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

ABA ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
(9 digit number located on left side of check)

Checking \_\_\_\_\_ Savings \_\_\_\_\_

I hereby authorize BeneFlex, Inc. (hereinafter BeneFlex) to deposit any amounts (created by manual claims) owed me by initiating credit entries to my account at the financial institution (hereinafter **BANK**) indicated above. Further, I authorize **BANK** to accept and to post any entries initiated by BeneFlex to my account. In the event that BeneFlex deposits funds erroneously into my account at **BANK**, I authorize BeneFlex to debit said account. This authorization is to remain in full force and effect until BeneFlex and **BANK** have received written notice from me of its termination. I further understand that it is my full responsibility to inform BeneFlex within 5 business days via the submission of a **DIRECT DEPOSIT AGREEMENT** of any **BANK** and/or account changes. BeneFlex will charge my account at Bank \$6.00 for any items returned **ACCOUNT CLOSED** or **NO ACCOUNT** by the bank.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**STAPLE  
VOIDED CHECK  
HERE**