

**DIRECT DEPOSIT
AUTHORIZATION FORM**

I authorize Flexible Benefit Management, hereinafter called Company, to make credit entries and to make , if necessary, debit entries and adjustments for any credit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called Depository, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Company has received written notification from me of its termination.

Name _____ Date _____
(print)

SSN _____ EMPLOYER _____

Financial Institution Name _____

Financial Institution Address _____

Signature _____

Check one

ADD – Direct Deposit my reimbursements to my account shown.

CHANGE – I have changed Financial Institutions and/or account #

TAPE YOUR VOIDED CHECK HERE (DO NOT USE A DEPOSIT TICKET)

TYPE OF ACCOUNT CHECKING SAVINGS

Tape voided check here

Please fill out this form completely and email to b7russell@gmail.com. Thank You!