

Flexible Spending Account Direct Deposit Form



Your Flexible Spending Account reimbursements are available by Weekly Direct Deposit! If you sign up for FSAs, please complete this form to participate.

*“In by Friday; out on Wednesday!”**

** Note: Your bank may not credit funds to your account until Thursday or even Friday.*

Employer: _____

Employee Name: _____

Social Sec#: _____ **Email:** _____

PREARRANGED “DIRECT DEPOSITS”
AUTHORIZATION AGREEMENT

I hereby authorize ProBenefits, Inc. (hereinafter “Plan Service Provider”) to initiate credit entries (electronic and otherwise) and, if necessary, debit entries and adjustments for any erroneous credit entries to my Personal Bank Account in the financial institution named below (hereinafter “Financial Institution”) to credit and/or debit the same to such respective accounts.

Please tape a Voided Check (not deposit slip) here.

*A voided check supplies the account numbers
and routing information required by the bank
to establish your Direct Deposit arrangement.*

(Deposit slips sometimes do not include all needed information.)

Type of Account **Checking** **Savings**

This authority is to remain in full force and effect until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford Plan Service Provider and Financial Institution a reasonable opportunity to act on it. I can discontinue this arrangement at any time and receive reimbursements monthly by check.

I acknowledge that my Flexible Spending Account (FSA) information will be available to me 24 hrs/day by internet (www.ProBenefits.com), and that I will not receive written verification each time a reimbursement payment is made.

Signature _____ **Date** _____