

DIRECT DEPOSIT FOR FLEX REIMBURSEMENTS

EMPLOYEE INFORMATION	
Company Name	
Last Name	First Middle
Email Address	Social Security Number

I would like to have my Flex Reimbursement checks directly deposited into the following account:

DIRECT DEPOSIT please attach a voided check or deposit slip to this form	
Bank Name	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Routing Number (9 digits)	Account Number

(ATTACH A COPY OF VOIDED CHECK HERE)

Employee Signature

Date

