

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

