



Direct Deposit Authorization Form

Before completing this form, read the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form.

First Name:

Last Name:

Work Phone:

Social Security Number:

New Change Cancel

Bank Name:

Account Number:

Checking

Routing Number:

Savings

Ownership: Self Joint Other

I certify that I have read and understand the back of this form. By signing this agreement, I authorize <COMPANY NAME> to initiate credit entries to the account indicated above for the purpose of reimbursements from my flexible spending account(s). I also authorize <COMPANY NAME> to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

ABC Company Investment Account 1221 Banker Street Anytown, CA 94999	Wells Fargo & Company 1 Stagecoach Drive Anytown, US 00000	000125
Date 06/13/2003		
Pay to the order of XYZ Company	\$ 55.00	
Fifty-five and no cents	Dollars	
For _____	<i>John Smith</i>	
<input type="text"/>	<input type="text"/>	

Routing Number

Account Number

Call your financial institution to make sure they will accept direct deposits.

Verify your account number and routing number with your financial institution.

Do not use a deposit slip to verify the routing number.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the Direct Deposit program.
2. You must complete this authorization form to enroll in the Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, the form must be signed by both parties. Once your form is received by <COMPANY NAME>, there may be up to a 4 week administrative processing period before the enrollment will become effective. You will receive checks for any reimbursement claims paid during this period. <Company Name> will provide you a direct deposit receipt each time an electronic transfer is made to your account.
3. If an electronic transfer is returned to <COMPANY NAME> or for any reason cannot be made to your account, <Company Name> will investigate the cause and if necessary, will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the direct deposit program will be determined on a case-by-case basis, and you will be notified of any action taken.
4. It is your responsibility to notify <COMPANY NAME> immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. There may be up to a 4 week administrative processing period before the changes become effective. If there is an interruption in the direct deposit service, you may receive checks for any reimbursement claims paid during that time.
5. You may cancel your participation in the direct deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by <Company>, whichever is later. This agreement may also be canceled by your financial institution or <Company Name>. <Company Name> reserves the right to automatically cancel your participation in the direct deposit program upon termination of employment or termination of your flexible spending account(s).