



Direct Deposit Authorization Form

Employee Information

Employer Name

Name

Date of Birth

Employee ID Number

Contact Information (Phone or Email)

Bank Information

Bank Name

Name on the Account

Initiate Direct Deposit Change Bank Account Information Cancel Direct Deposit

Checking – Attach a voided check Savings – Attach a Savings Account Deposit Form.

Routing Number (Always Nine Digits)

Account Number

Fax completed form to 800-595-4642 or mail to Spending Account Service Center, FSA Department, 2300 Renaissance Blvd., King of Prussia, PA 19406.

Attach bank document here.

Please allow up to 10 business days for the direct deposit to begin in place of reimbursement by check. Deposits can take up to 72 business hours from the date the reimbursement is processed to appear in your bank account.

Authorization

I hereby authorize the Spending Account Service Center to initiate credit entries for depositing my Spending Account reimbursements into my account indicated above. I authorize corrections for any entries made to my account in error. This authority will remain in full force and effect until the Spending Account Service Center has received written notification from me of its termination in such time and in such manner as to afford the Spending Account Service Center a reasonable opportunity to act on it.

Signature: _____

Date: _____