

MAIL TO:
PayFlex Systems USA, Inc.
Flex Dept.
P.O. Box 3039
Omaha, NE 68103-3039
(800) 284-4885



**DIRECT DEPOSIT
AUTHORIZATION
FORM**

FAX TO:
PayFlex Systems USA, Inc.
Flex Dept.
(402) 231-4283
(No Cover Page Required)
Page 1 of _____

New Agreement Change Account Cancel Agreement

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize PayFlex Systems USA, Inc. (PayFlex) to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until PayFlex has received written notification from me of its termination in such time and in such manner as to afford PayFlex and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan.

Select One: Checking Account Savings Account

Financial Institution:

Name _____ Branch _____

City _____ State _____ Zip Code _____ - _____

Transit/ABA No. _____ Account No. _____
(See example below)

Employer Name _____

Employee Name _____ Member Number _____
(This may be your SSN or employer assigned number)

 Employee Signature _____ Date _____

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below.

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____	\$	<input type="text"/>
MEMO _____	X _____	DOLLARS
⑆ 123456789 ⑆ 11484620040 ⑆ 3680		

Transit/ABA No.

Account No.