

Plan Year: _____
**Direct Deposit
Authorization**



PO Box 587
Pittsford, NY 14534
Phone: (800) 836-8100
Fax: (585) 248-2488
Email: info@flexbene.com

- New Authorization
- Change Account
- Cancel Authorization

Instructions:

Please designate ONE account for the direct deposit of your HRA / Flexible Benefit Reimbursements.

You MUST include a voided check if electing a checking account OR a savings deposit slip for a savings account.

PLEASE NOTE: This is MANDATORY to be completed and updated for each plan year.

Please fill out the information below and attached a voided check.

EMPLOYEE INFORMATION	
Employer:	
Employee Name:	Employee SSN: XXX-XX- _____
Email Address: (By providing your email address, you authorize M.A. Services to electronically provide deposit notifications)	

ACCOUNT INFORMATION	
Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Branch (if available):	Bank Contact Number (if available):
Routing/Transit Number: (When in doubt check with your Bank)	Account Number:

EMPLOYEE AUTHORIZATION	
I hereby authorize M.A. Services to initiate credit entries and, if necessary, debit entries to reverse erroneous credits, to my account indicated above. This authorization shall remain in full force and effect until M.A. Services has received written notification from me of its termination in a timely manner as to afford M.A. Services and the financial institution a reasonable opportunity to act upon it OR until I no longer participate in flexible benefits plan for a period of 6 months.	
Employee Signature: _____	Date: _____

Please attach a voided check or savings deposit slip HERE.

IMPORTANT:

Please notify us immediately if you close an existing account.

Failure to notify us will delay the processing of your reimbursement and result in charges to you for a new set-up.