

FSA/HRA Direct Deposit Form

It may take up to 10 business days from the time we receive and enter your form until it has cleared the bank. In the event that you are receiving a reimbursement during that time, you will be issued a manual check. All future reimbursements on newly submitted claims will be directly deposited into your specified bank account.

Please return form via fax to: 1-877-767-8685
Or Mail to: Flexible Benefits Card Support
PO Box 540606
Waltham, MA 02454

Employee Name _____

Social Security Number ____ - ____ - _____

Select One :

- New Direct Deposit
- Change Existing Direct Deposit
- Cancel Existing Direct Deposit

Address _____

City, State, Zip _____

Bank Name _____

Account Number _____

Bank ABA # _____

Type of account: Checking _____ Savings _____
(Check One)

Authorization

I authorize the electronic transfer of funds into the bank account I have specified to reimburse expenses covered by the Spending Account(s) I am enrolled in. This authorization will remain in full effect until I provide written notification of my cancellation or until the end of the plan year.

Employee Signature

Date

IMPORTANT! Attach a voided check to this form.