

Debit Card Repayment Form

This form is to be used for expenses that have been charged on the Debit Card and are either ineligible or you have lost the receipt.

Payment should be made payable to your employer.

Company Name: _____

Employee: _____

Work Phone Number: _____

Debit Card Number: _____

Date	Merchant	Dollar Amount

Employee Signature: _____

Date: _____

ATTN: Employer – This form should be faxed to FlexSource along with a copy of the check (payable to the employer) from the employee at (630) 782-0644.

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