

FlexSource, LLC

Employer Direct Draft Authorization

Please complete this form if you prefer to have your employee FSA reimbursements directly mailed to the employees homes or if you are utilizing the direct deposit option for your company .

PLEASE ATTACH A VOID CHECK HERE
DEPOSIT SLIPS NOT ACCEPTED

➤ INSTRUCTIONS

1. PLEASE PRINT ALL INFORMATION CLEARLY.
2. Attach a void check. DO NOT SUBMIT A DEPOSIT SLIP.
3. Please sign and date the form. Omission of signature will delay processing.
4. Mail completed form to the address indicated at the bottom of the page.
5. Notify FlexSource, LLC of any account changes or account closings.

Direct Draft authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred.

➤ COMPANY INFORMATION

Company Name _____ Tax ID Number _____

Telephone (____) _____ - _____ Company Contact _____

Set Up Direct Draft for: Direct Deposit _____ Employee Checks to Homes _____ Admin Fees _____

➤ BANK INFORMATION

Check only one:

- Set up Direct Draft
- Change Account Information
- Cancel Direct Draft

Full Bank Name _____ Telephone _____

Bank Routing Number (9-digit number on lower left of check) _____

Bank Account Number (to 17 digits) _____

IMPORTANT

- The designated account must be in the company name.
- Processing of your Direct Draft information will be delayed if you do not include both the bank account number AND the bank routing number. Call your bank if you are unsure of your bank account information.

➤ AUTHORIZATION

I hereby authorize FlexSource, LLC to initiate debit entries for FSA reimbursement to our employees or payment of plan administration fees out of our account (reason for draft designated above) and, if necessary, make corrections for any entries made to our account in error. This authority is to remain in full force and effect until FlexSource, LLC has received written notification from us of its termination in such time and in such manner as to afford FlexSource, LLC a reasonable opportunity to act on it.

Officer/Owner Signature _____ Date _____

Mail to: FlexSource, LLC P.O. Box 828 Elmhurst, IL 60126
Phone: 630.782.0633 Fax: 630.782.0644