



# Direct Deposit/Electronic Fund Transfer (EFT) Authorization Form For Reimbursement Accounts

**Fax Completed Form to: 402-231-4283**  
 You may also mail a completed form to:  
 PayFlex Systems USA, Inc.,  
 Flex Dept., PO Box 3039, Omaha, NE 68103-3039  
 Telephone: 1-800-284-4885

**WAIT! Did you know that you can enroll in direct deposit online?** Log in to your PayFlex member portal and select **Financial Center**. Then click on **Enroll in Direct Deposit**.

New Agreement     
  Change Account     
  Cancel Agreement

By signing below, I hereby authorize PayFlex Systems USA, Inc. (PayFlex) to make electronic credit transactions to my financial institution listed below for reimbursement from my employer-sponsored reimbursement account plan. I also authorize PayFlex to initiate debit entries, if necessary, for any credit entries made in error. I also authorize and request the bank listed below to accept any debit or credit entries by PayFlex to such account and to debit or credit same to such account.

This authorization will remain in full force and effect until PayFlex has received written notification from me of its termination and in such time and in such manner as to afford a reasonable opportunity to act on it. To cancel or change this authorization, complete and sign this form indicating the required action and return it to the address listed above.

In case of errors or if you have questions about your electronic transactions, call us at the number listed above or write us at the address listed above as soon as you can. If you think your bank statement is wrong or if you need more information about a transaction listed on your statement, we must hear from you no later than 60 days after the FIRST bank statement on which the problem or error appeared.

**Select One:**

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
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**Financial Institution**

Name	Branch		
City	State	ZIP Code	
Transit/ABA Number (See example below)	Account Number		

**Member Information**

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

This form must be completed and signed for it to be processed.

Employee Signature 	Date
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For checking account, attach a **voided check**. For a savings account, attach a **savings deposit slip**.

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	<b>3680</b>
PAY TO THE ORDER OF _____ \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>		
_____ DOLLARS		
MEMO _____ X _____		
⑆ 123456789 ⑆	⑆ 11484620040 ⑆	⑆ 3680
Transit/ABA No.	Account No.	