



FLEXIBLE BENEFIT PLANS
QUALIFIED PLANS • COBRA

77 Monroe Center NW
Suite 1100
Grand Rapids, MI 49503-2911

Phone: 616-456-7908
Fax: 866-320-1934

TERMS AND CONDITIONS FOR RECEIVING REIMBURSEMENT BY DIRECT DEPOSIT

You have the option of (1) having your authorized reimbursements for your Reimbursement Benefit(s) deposited directly into your account at your financial institution or (2) receiving a check for any authorized reimbursements. If you do choose to receive reimbursement by Direct Deposit, you will need to complete the attached Authorization Form and return it to the address below. Please read the following terms and conditions carefully before making your decision.

- 1) Your financial institution must be a member of an Automated Clearing House before you can receive reimbursement by direct deposit.
- 2) The Authorization Form must be signed and dated and returned to Flex Administrators, Inc. at the address below before you can receive reimbursement by direct deposit.
- 3) Once Flex Administrators receives the Authorization Form, **it may take up to two weeks before reimbursement is automatically deposited** into your account. You will receive checks for any reimbursements before that time.
- 4) The standard turnaround time between the time the funds are transferred and they have been deposited in your bank is two banking days. **It is important to be sure the deposit has been made to your account before you withdraw the funds.**
- 5) **If an electronic transfer is returned** to Flex Administrators, Inc. or cannot be made to your account, Flex Administrators, Inc. will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check will be mailed to you. You will continue to receive your reimbursements by mail until the situation is resolved. You will be notified of any action taken.
- 6) **It is your responsibility to immediately notify Flex Administrators, Inc. of any changes to your account.** To notify Flex Administrators of any changes a Authorization Form will need to be completed indicating that the action is a CHANGE and then sent to Flex Administrators, Inc. Once received, it may take up to one week before the new information will be processed. You will receive checks for any reimbursements before that time.
- 7) **You can cancel reimbursement by direct deposit at any time.** To cancel participation, complete the Authorization Form indicating that the action is a CANCEL, and return it to Flex Administrators address found on the front of the Form. Reimbursement by direct deposit will be cancelled as of the effective date on the Authorization Form or as soon as the Form has been received and processed, whichever one is later.
- 8) **You do not need to complete a new Authorization Form each Benefit Year.** You will continue to receive reimbursement by direct deposit until an Authorization Form canceling your reimbursement by direct deposit is received by Flex Administrators, Inc.
- 9) **Notification that the payment has been processed and sent to the bank is by e-mail only.** No paper communication will be sent.



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EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

STEPS FOR COMPLETING THIS FORM

1. Read the Terms and Conditions Form carefully to make sure you understand them.
2. Complete ALL sections below. Please print clearly.
3. **Attach a voided check** (not deposit slip) to this authorization form.
4. Sign and Date form.
5. If the account is not in your name alone, have the other account holder also sign and date form.
6. Mail, fax or email to address on left of page.

***Please print clearly**

Company Name: _____

Employee Last Name: _____

Employee First Name: _____

Social Security Number: _____ - _____ - _____

Work Phone Number: _____ - _____ - _____

Email Address: _____

Effective Date: ____/____/____

	Check One		
Check Action:	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Other
Ownership of Account:	<input type="checkbox"/> Self	<input type="checkbox"/> Joint	

I certify that I have read and understand the Terms and Conditions of the direct deposit service. By signing this agreement, I authorize Flex Administrators, Inc. to initiate credit entries to the Account(s) indicated above for the purpose of reimbursements from my Account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____ Date ____/____/____

If the account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Signature: _____ Date ____/____/____