

Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA) Direct Deposit Authorization

Please check with your employer prior to authorizing direct deposit, as your employer may not be participating in this feature

New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>
Bank/Institution Name:		
Bank/Institution Address:		
Type of Account:	Account Number:	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing and Transit Number:		Does this number match the routing number as listed on the voided check? Yes <input type="checkbox"/> No <input type="checkbox"/>
By signing below, I am authorizing Infinisource, Inc. to initiate credit/debit entries for reimbursement of my FSA claims to the Bank/Institution listed above into the account specified.		
Signature:		Date:
Print Name:		
Social Security Number:		
Employer Name:		

Note: If you have designated a checking account, a copy of a voided check is required. Failure to attach a copy of a voided check may result in a delay in processing reimbursements.

- If you have designated a savings account, please validate the account number as it appears on your statement.
- In order to verify bank routing, the first reimbursement processed after the Direct Deposit Authorization is received will be in the form of a check.
- Your financial institution may have a separate routing number for ACH transactions; please verify the routing number with your financial institution to prevent any delay in receiving reimbursements.

Fringe Benefits Administration • PO Box 5818 • Dayton, Ohio 45405
Toll free 888.773.4204 • Fax: 937.275.6065 • www.infinisource.net • E-mail: flex@infinisource.net

