

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

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"/>
<p>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.</p>		
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.

