

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

New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>
<b>Bank/Institution Name:</b>		
<b>Bank/Institution Address:</b>		
<b>Type of Account:</b>	<b>Account Number:</b>	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>Routing and Transit Number:</b>		Does this number match the routing number as listed on the voided check? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>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.</b></p>		
<b>Signature:</b>		<b>Date:</b>
<b>Print Name:</b>		
<b>Social Security Number:</b>		
<b>Employer Name:</b>		

**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.