

*E Benefits Administration Direct Deposit Form*

Direct Deposit of your FSA reimbursements is a convenient feature that many employees appreciate. This added service is designed to save you time handling your reimbursement checks. If you decide to take advantage of Direct Deposit, your FSA checks will be deposited automatically in any checking or savings account you select.

By completing the authorization form below, you are directing your employer and financial institution to deposit your reimbursements to your checking or savings account. To sign up for Direct Deposit, simply complete the form as directed below and return it to E Benefits Administration, the administrator of our FSA program.

- Fill out the form completely, including your name, Social Security number, daytime telephone number, name and location of your financial institution and your company division/location.
- Mark the appropriate box to indicate whether your FS reimbursement will be deposited to your checking or savings account.
- Attach a voided check to the form if you want reimbursements deposited in your checking account. Please verify the nine digit Federal Routing/Transit number of your savings account with your bank, and indicate the appropriate number.
- Sign and return this form by mail, email or fax the form to:

Mail: E Benefits Administration | PO Box 190466 | Boise, ID 83719-0466

Fax: (888) 876-1058

Email: [Claims@ebenefitsadministration.com](mailto:Claims@ebenefitsadministration.com)

Employee Name: (Last)	(First)	(MI)
Daytime Telephone:	Social Security Number:	
Employer:	Division/Location:	

Sign me up for direct deposit     Change my direct deposit account information     Discontinue my direct deposit

Financial Institution:	Branch:	
City:	State:	Zip:
<input type="checkbox"/> Checking (attached a voided check	<input type="checkbox"/> Savings (DO NOT attach a deposit slip; please contact the bank and hand write the number below)	
Enter 9 digit Federal Routing / Transit Number	Account number	

I hereby authorize my employer to deposit reimbursements from my Flexible Spending Account directly into my checking or savings account indicated above. I also authorize the financial institution named above to accept my deposits and to credit the amount to my account. This authority will remain in effect until my employer and E Benefits Administration have received written notification from me to discontinue direct deposit services (see above).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Note: The funds should be received into your account 48-72 business hours after the disbursement date.

Mail request to: E Benefits Administration | PO Box 190466 | Boise, ID 83619-0466