

Direct Deposit Authorization

OneExchange™

from Towers Watson

Mail to: P.O. Box 2396 Omaha, NE 68103-2396

Fax to: 1-855-321-2605

The fastest, most secure way to receive your reimbursement!

Employer Name

Social Security Number

 - -

Account Holder Name - Last

First

Middle

Financial Institution/Branch

City

State

Zip

Bank Routing Number

Account Number

I would like to: (Select one)

- authorize a new direct deposit
- change an existing direct deposit
- cancel an existing direct deposit

Account Type: (Select one)

- Checking
- Savings

I hereby authorize PayFlex Systems USA, Inc. on behalf of OneExchange to initiate credit or debit entries to my account with the Financial Institution indicated above. This authority is to remain in full force and effect until OneExchange has received written notification from me of its termination in such time and in such manner as to afford OneExchange and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement plan.

Account Holder Signature

Date

Include a voided check for checking accounts or a savings account slip for savings accounts. This form cannot be processed without this information.

John Q. Smith 100 Maple Lane Home Town, USA 12345	Date	9999
Pay to the order of _____	\$ _____	
Dollars Home Town Bank 100 Main Street Home Town, USA 12345		
12345678909874	1234567890987	9999

Direct deposit can also be setup by logging into your online account at www.extendhealth.com or over the phone by calling OneExchange.

Bank Routing Number

Account Number

Check Number