CERIDIAN
free to be

Flexible Spending Account Direct Deposit Authorization

DIRECT DEPOSIT AUTHORIZATION

Please complete this form if you prefer to have your FSA reimbursement deposited directly into your bank account rather than receiving a check.

PLEASE ATTACH A VOID CHECK HERE

DEPOSIT SLIPS ARE NOT ACCEPTED

INSTRUCTIONS

1. **PLEASE PRINT ALL INFORMATION LEGIBLY**
2. Attach a void check if you designate a checking account. DO NOT SUBMIT A DEPOSIT SLIP. If you designate a savings account, attach a completed Savings Account Direct Deposit Form from your financial institution.
3. Please sign and date the form. Omission of signature will delay processing.
4. Mail completed form to the address indicated at the bottom of this page.
5. Notify FSA Administrative Services of any account changes or account closings.

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10-day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account two to four days after the scheduled reimbursement date. You will receive a Reimbursement Statement and a new Claim Form through the mail. Always verify your statement to make sure it is not a negotiable check.

PARTICIPANT INFORMATION

First Name	Last Name
Social Security Number	Daytime and Home Telephone Numbers including Area Code D: ( ) H: ( )
Employer Name	Client Code

BANK INFORMATION

Check only one:

- ☐ Set-up Direct Deposit for:
  - ☐ Checking (attach void check above)
  - ☐ Savings (attach a savings Account Direct Deposit Form from your financial institution)
- ☐ Change Account Information
- ☐ Cancel Direct Deposit

Full Bank Name	Telephone
Bank Routing Number (9 digit number on lower left of check)	
Bank Account Number (17 digits)	

IMPORTANT

- **The designated account must be in your name.**
- **Processing of your Direct Deposit information will be delayed if you do not include both the bank account number AND the bank routing number. Call your bank if you are unsure of your bank account information**

AUTHORIZATION

I hereby authorize Ceridian to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Ceridian has received written notification from me of its termination in such time and in such manner as to afford Ceridian a reasonable opportunity to act on it.

Employee Signature _____ **Date** _____

Mail to: FSA Administrative Services • P.O. Box 534211 • St. Petersburg, FL 33747-4211

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