



**Direct Deposit Authorization Form**

Employer Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Name on Bank Account: \_\_\_\_\_  
Employee Address: \_\_\_\_\_  
\_\_\_\_\_  
Employee Email: \_\_\_\_\_  
Employee phone: \_\_\_\_\_

I authorize 24hourflex.com, a division of RPS Plan Administrators, Inc. to initiate electronic deposits, and if necessary, withdrawal entries and adjustments for any entries in error to my account.

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Account Number Information

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ABA Transit Routing Number

This account is a:

**Checking Account:** *please* attach to this form a **copy** of a **voided check** for the above-referenced account.

**Savings Account:** *please* attach to this form a **deposit slip** for the above-referenced account.

These entries will be posted to the above account as part of my contract with 24hourflex.com in conjunction with the administration on the cafeteria plan.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Bank or Financial Institution

\_\_\_\_\_  
Address of Bank or Financial Institution

\_\_\_\_\_  
Phone Number of Bank or Financial Institution

\_\_\_\_\_  
*(Mail or fax this completed form to RPS Plan Administrators)*  
**2851 S. PARKER ROAD ♦ SUITE 230 ♦ AURORA, CO 80014**  
**VOICE: 303-369-7886 ♦ FAX: 303-369-8283**